Protecting and Improving the Health of School Children

By RUBY M. SIMPSON, Reg.N.

School health work is a development of the urge felt all over the world for better health. Physical conditions which a century ago were accepted as a dispensation of Providence, something to be borne with martyr-like fortitude, are now recognized as the direct result of faulty living, and correction and prevention are sought with a zeal of effort not to be thought of by our forefathers. Advances in medical science in the last generation have placed in the hands of the few a vast amount of information which if known and practised by the mass of the people, would be capable of changing to a marvellous degree our health and happiness. How to give this information wide-spread publicity in such a way that it will actually be made use of is the great problem of today. It is surely the reason for the numbers of organized efforts such as we have heard outlined at this conference—the education of the mother in the care, through her own health, for her unborn child; the meticulous maintenance of routine with the infant; the development of this routine into habit training in the "runabout" age—all efforts toward developing a generation which will understand and appreciate the available knowledge concerning health conservation, efforts centred for the most part in the home. There comes a time, however, when the little runabout grows—he becomes six years of age and suddenly he is the school child, with new and strange surroundings and with new forces taking thought for the ordering of his day. The question, then, becomes, shall his health training continue in the home alone or, because the greater part of his waking day is spent in the process of acquiring what we call an education, has the school a responsibility toward protecting and even improving his physical condition?

Happily, the ideal of education, in its rapid change throughout the past few years, recognizes the training for complete living with the physical, mental, social and moral phases given equal attention and considered equally important. The place of the school as a health force, where all the children of all the people may be reached for a definite period of time, because attendance is compulsory, a place where children expect to be taught, where the teacher is considered as the fount of knowledge and where public opinion runs high and exerts an inexorable influence, is now admitted by all. School health work has become a real part of a school system, not a frill, not a fad, not a one-sided fanatical programme, but an essential in a balanced curriculum. Even with the present constant criticism of the Course of Study and the hue and cry raised because of its over-crowding, one hears no suggestion of less health teaching. Rather one hears an increasing demand for it, but always as a part of a complete programme which will include all phases of school health work.

Many things must be taken into consideration before such a programme can be formulated. Our past experience has proved conclusively that formal instruction in mere health knowledge is not a functioning health programme. Consideration must be given to the child's present physical condition, to his school surroundings and to the nature of health information which may be given him and which he can put into daily practice. No one phase is more important than the other—all are inter-dependent for the accomplishing of one aim—the development and conservation of school health.

The importance of medical inspection of children as regularly and as frequently as possible throughout the school year is now an accomplished fact to such a degree that it seems needless to do more than mention it in passing. All educationists recognize that there is a definite relation between physical health and mental progress. Given equal mental capacity, the rested, well-nourished child, free from hampering physical defect, accomplishes more school work in less time and with less energy expended than the frail, tired little bit of humanity, with an aching molar or perhaps with a much reduced amount of vision or hearing. The latter is all too frequently seen in our schools. Such defects must be removed before the child will be receptive to instruction of any kind and their recognition and correction is the first step toward health improvement. No school system is complete without its medical service, be it the expert full-time attention of the doctor in the city school, the part-time service where funds are less available, or the nurse alone who points out suspicious signs and refers the case to the family physician. Nor is the work complete when such defects are recognized and reported to the parents. Nurse and teacher must co-operate in a follow-up work which will secure the actual treatment of such defects. This may be a reasonably easy matter in city schools, but it presents an enormous problem in rural districts where finances may be a consideration, but where doctors and dentists are many miles away and perhaps parents are of a different nationality and difficult to impress with the seriousness of the situation. Were it not for the intelligent, active co-operation of women's organizations and the financial assistance made possible by the Canadian National Institute for the Blind and the Canadian Red Cross Society, it would present in the western provinces an almost insurmountable obstacle.

Undernourishment is one of the most common physical defects and is sufficiently serious to merit special mention. At least a few cases are found in every school, some only under-weight for height and age, but others showing all the symptoms—extreme pallor, dull eyes, heavily marked with fatigue circles, listlessness and general nervousness. If all cases were from poor homes and the problem could be approached from an economic standpoint one would feel more hopeful of an early solution. Unfortunately all other contributing factors appear to be equally important. Poor choice of food rather than insufficient quantity, no variety in the diet, unattractive preparation in the home and lack of control as to the child's habits are outstanding. Parents, perhaps from lack of knowledge as to what constitutes a diet for a growing child, provide food utterly lacking in growth elements, pandering to the whims of the child and to his likes and dislikes with no apparent consideration for his health. A glance at a child's lunch box in many rural schools tells the story—bread and cake—an entire carbohydrate diet. Of milk, the essential child food, the

farm homes have a generous supply, but frequently it is given such indifferent care that the child revolts at the mere thought of it, and tea and coffee are allowed freely in its place. The fresh vegetables available in every farm garden are a godsend during the summer months, the children eating them raw if they are served unattractively when cooked. Although much has been done with regard to the school lunch through the addition of one hot nourishing food cooked at the school, the best results can not be realized through feeding alone. The hours of sleep, the amount of fresh air in sleeping rooms, regular daily elimination of body waste and freedom from physical defects are equally important. The monthly weighing may perhaps, too, be given undue emphasis, being considered almost as a corrective measure instead of a means of interest, an incentive toward greater effort in gaining normal weight. The solution of the problem appears to me to be entirely through education. We are teaching the children in the schools the essentials of a proper diet, we are trying to help them form habits which will tend toward normal growth and we do frequently see this teaching reflected in the home. If the education of the mothers in the principles of nutrition could be hastened, probably through agencies other than the school, a valuable contribution would be made to child health.

It is only within fairly recent years that the school plant has been considered as a health influence. Control of communicable disease and the removal of existing physical defects were well established phases of the programme before the care and construction of the building itself were recognized as important factors. Today the hygiene of the school plant must receive attention equivalent to that paid to the hygiene of the child, because the physical condition of the child is directly affected by physical conditions in the classroom. The old type of cross lighting, with the greater part of the light excluded by opaque blinds, has caused many cases of defective vision. Dry, still air used over and over again without changing, aggravates nose and throat conditions. Ill-fitting desks and seats must distort the pliable bones of the young child and tend toward poor posture, while uncared-for, ill-arranged toilets undoubtedly influence irregular and insufficient elimination of body waste. All health teaching is vain if facilities are not provided so that the teaching may actually be practised. We teach and try to impress the importance of "clean hands before food and after visiting the toilet" in order that by such regular daily practice the incidence of communicable disease may be lessened, and yet we still find schools where washing facilities—a water supply, basins, individual towels—are not considered as a necessary part of the school equipment. We urge cleanliness of person, while frequently the school itself impresses the child with its utter lack of even a pretence at being clean. That schools can be changed in this regard we have proven during the past few years in the Province of Saskatchewan, although it has meant in every case much education of school boards and patience and constant attention on the part of teachers and school nurses. In 1917 only 39% of our schools had any regular arrangement regarding cleaning, while only 1% provided for cleanliness even approximating the ideal. Today it would be difficult to find a school which is scrubbed less frequently than once a month, many are scrubbed every two weeks and a goodly number once a week. During the year 1924 a total of 1,129 improvements in school buildings were reported in connection with the work of the school nurse. Any health pro-

gramme fails of its purpose unless it can truthfully be said that no child will either develop or have aggravated any existing physical condition because of his school surroundings. When lighting conduces to the conservation of vision, when heating and ventilation bring no sense of discomfort, when cleanliness is equal to that of the good home, when desks can all be made to fit the child instead of attempting to fit the child to the desk, when washing facilities are adequate and easily available, when drinking water is dispensed in a clean, sanitary manner, and when toilet arrangements attract rather than repel, we have a school, neither difficult nor expensive to maintain, but wholly blameless so far as the physical child is concerned. Add to this an equipped playground, with space for free play, so necessary in natural growth, and the school may well be said to really protect the child's health.

Classroom health teaching is a subject on which much has been written and which has provided a topic for much discussion among health workers and educationists for many years. What shall we teach? How shall we teach it and by whom shall it be taught—by a special teacher, by the grade teacher or by the school nurse? It is a big subject, a vital subject, and it may well receive much thought. The old type text book teaching Hygiene or what was really formal Physiology was given fair trial and may be remembered by many of us, but few regretted its removal from the curriculum. Health teaching, if presented in such a way that it actually influences the health practice of the school child, is to my mind the only absolutely sure way of making a permanent improvement in health. The essentials are few—the knowledge of the very simple rules of health and the actual daily practice of such rules. It appears very simple. It is so simple, in fact, that it is frequently neglected altogether. The knowledge of how to be well is not innate in the child—it must be taught similarly to any other subject. But the giving of the information does not guarantee the practice, and here we have the distinction between the old and new type of health teaching. In the Junior Grades we are not at all concerned with Physiology and with intricate and involved health explanations, but all our thought is toward the actual formation of health habits. The appeal to the child interest, the repetition, the satisfaction associated with the response, these psychological principles do not differ from other habit training. If every child in every public school could enter High School with fixed habits of cheerfulness, of proper diet, of sufficient rest, of personal cleanliness, of concern for fresh air, of individual ownership in personal belongings, we need have very little further thought for his physical welfare. This type of health teaching is not confined to definite class periods—it is a part of the whole day's activities—it permeates the whole work of the school. Why should erect posture be taught in a class period when it may be lived at work and at play all through the day? Why need clean hands be given a special class when there are so many opportunities to actually practice the habit? Some class periods are necessary without doubt, but the real teaching is done at all times, in all places, throughout the day. Every lesson is in some way a health lesson and rather than interfering with other work it tends to make other work more interesting. No one need scrutinize a time table to find out how much health is taught. An inspection of the happy, rosy-cheeked, alert children gives the information. By whom is this type of health work done? By the grade teacher, and here we have the crux of the whole school health situation. It is

to the teacher we must look for results, the teacher who knows health, who has it or is striving for it, and who, with determination and enthusiasm, desires it for every pupil in the school.

Such teachers may be secured through an active Health Education Department in the Normal School where live, keen practical teaching is given in the subject; where the first step in the work is to interest the student teacher in her own health. Nothing is really considered of value to us unless we are willing to work for it for ourselves. The teacher who becomes enthusiastic concerning her own health will be equally enthusiastic over the health of the children in her school and it is this enthusiasm which will carry her to success.

The work which I have in mind, in the Normal Schools in Saskatchewan, is in charge of a nurse who has had several years' successful teaching experience as well as University work in Health Education. She knows the province and the schools thoroughly through her experience in the school nursing field, to which she returns each year during the months of May and June for first-hand information as to existing problems.

A routine examination for remediable physical defects, ceaseless effort on the part of the nurse throughout the term concerning such defects until a doctor has been consulted and correction secured; supervision and home calls in case of illness and accidents; a careful planning of the school schedule in order that the student's health may not suffer; co-operation between members of the staff in problem cases where some personal adjustment is required; special nutrition classes for the underweight—all of these are means whereby the nurse arouses the interest of her students in their own health. In addition to this, every available opportunity is taken to see that every student is actually practising the simple health rules. Her home visits give her access to the homes in which many out-of-town students are living. She insists that such homes provide adequate light, heat and provision for a fresh air supply throughout the winter months. She advises on care and diet in case of illness, and the student comes then to her naturally for advice in all health matters. In every call, every chance meeting, every interview sought, the enthusiastic health nurse finds the way always open to approach the subject of healthful living. She herself demonstrates health and in all her informal work she holds it as an ideal which anyone may reach who desires it.

The formal classroom periods throughout the term continue to instruct in health, always stressing the positive side. The teacher's health—an all too neglected subject—is discussed and practical suggestions given for its conservation. The physical nature of the child is considered and the essential rules of health are worked out in relation to the hygiene of the various systems of the body. Deviations from the normal are pointed out, emphasizing certain simple defects of vision, hearing and nutrition which may be detected by the teacher. School surroundings from a health point of view are given considerable time in class discussion and the teacher's responsibility in the care and procuring of equipment is stressed. With students who have had experience in the schools, these discussions are distinctly illuminating and present actual evidence of the teacher's interest in child health. The school's responsibility in the control and prevention of communicable disease, certain prominent community health problems, the treatment in school accidents—all have their place in this programme.

Real lessons are taught to real children using every means known to secure and hold the interest. Follow-up lessons with the same children serve not only to press the point but to observe results from the first lesson. Much emphasis is placed on correlation with other school subjects and on impromptu, informal teaching. A course of reading is planned and a careful study is made of all recent health literature; posters, rhymes and plays are made by the students and in many cases are taken by them to their schools. In fact every phase of school health effort is worked out by the students in the Normal School, with the result that as well as developing an enthusiasm for health they are also equipped with the necessary knowledge to carry out the work. The great lesson, however, is that mere knowledge of health is not enough. Health attitudes must be developed and health habits must be lived with a never failing zest and enthusiasm. And zest does not come with a wave of the hand—health cannot be attained by any Aladdin's Lamp method. It comes only through constant vigilance, never ceasing interest and untold effort on the part of both teacher and pupil in conjunction with a balanced, practical, workable health education programme.

(Paper read by Miss Ruby M. Simpson, Reg.N., Director of School Hygiene, Saskatchewan, at the annual conference of the Canadian Council on Child Welfare—September, 1925.)

The Song of the Angels

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Not to the mighty, to the wise or great,
Did God unroll the starry scroll of fate;
But simple shepherds, keeping watch by night,
Beheld the glory break on mortal sight;
And humble ears, attuned to lofty word,
The gracious "Fear not!" rapturously heard,
Angelic prelude to the carol high
That swept with harmony the earth and sky.

Once, only once, that song to mortals came—
Divinest spark of music's heavenly flame;
But evermore the deepening echoes roll
In tender cadence through each humble soul;
And simple folk, while keeping watch by night
At duty's lowly shrine, with glorious light
Are flooded as of old from Bethlehem's sky,
And know that Christ, the Lord, is drawing nigh.

—*Ella Gilbert Ives.*

— Editorial —

Christmastide

"Love came down at Christmas,
Love all lovely, love divine;
Love was born at Christmas,
Star and Angels gave the sign.

"Love shall be our token,
Love be yours and love be mine,
Love to God and all men,
Love for plea and gift and sign."
—Christina Rossetti.

Once more it is December, and with that word the thought of Christmas comes to mind, and memories joyous and dear, sweet although perchance tinged with sadness, fill our hearts. It is my great privilege, fellow-nurses of Canada, to salute you and bring to you not only my own good wishes, but the Christmas greetings of your own Canadian nurses. A merry Christmas to you, one and all, nurses of Canada!

As I think of nurses at Christmastide decorating the wards, trimming Christmas trees, singing carols and hymns in the early morning, filling stockings and serving dinners in our hospitals, planning little surprises or arranging Christmas treats for the lonely, the sick and the sad, in the homes of the rich as well as of the poor, it seems to me that we nurses are blessed with great opportunities for true Christian happiness. Now perhaps someone may be thinking that this is not the case with her. She is not in a hospital, and an empty purse will not permit of gifts. My friend, a full purse cannot give Christmas happiness or an empty one prevent it. The one thing essential is the "Love to God and all men," of which Miss Rossetti writes. With love "for gift and sign" we can find many ways of giving happiness, and so giving, we shall also receive our token, the real joy of Christmas.

Peace on Earth to Men of Good Will

Peace follows love, is a result of love, and so when Love Himself came down to earth the Christmas message of peace rang out, to go on echoing down the ages until all men shall be atune with it. Sometimes amidst the strife of men and the busy din of what we call life, it seems impossible to catch the sound of the heavenly strain. But it is not really impossible. If we truly desire to do so we can not only hear it, but have a share in the message. We can, indeed, "seek peace and insure it," not only at Christmas but all through the year, in our nursing associations.

Nay, more, surely we can each do something to further all efforts made to put an end to war, and by doing our utmost to support in every way the work and ideals of the League of Nations hasten the time when the nations of the world shall come "unto the heights of enduring peace."

I think for those of us who were fortunate enough to attend the wonderful International Congress of Nurses in Finland last summer, the term international brotherhood has a depth and reality of meaning unknown before. We have new friends in many lands, friends who are our sister nurses, friends differing greatly from each other and from us in environment, in custom and in tradition. But we have found that to a very large degree our aims and ideals in our chosen profession are identical,

although the methods employed in the effort to reach the aims and attain the ideals differ greatly. We have come into very close touch with each other and have found the essential humanity of different peoples and, finding it, found our kin. And so through the experience of our own league of many nations we have come to a deeper trust and a stronger hope in the future of the world's League of Nations and to a great desire to further its work.

Peace on earth to men of good will, thus the correct rendering. It is well to notice the conditional clause—the will, the desire, the intent: these matter greatly. Man's goodwill is surely the essential reaction of God's gift whereby that gift may be fully possessed and made effectual. Goodwill —kindliness—does this *always* characterize us as individuals or as a body? I think that if we could indeed be nurses of goodwill, not only at Christmas but always, much of the present-day criticism of the nurse would disappear. Such kindliness, it need scarcely be said, is no passive amiability, but an active expression of our love for others, leading us out of ourselves and our "puddles of comfort," to quote Bishop Brent, into the full joy of service, teaching us "the loyalty of a great comradeship, the common ardour of a great pursuit."

In conclusion, may I offer one or two practical suggestions? First, to the nurse in hospital. Try to see the Christmas preparations from the viewpoint of the orderly and ward-maid as well as from that of the patient, and do not overwork them or fail to think of their pleasure. Next, to the nurse who is "waiting for a case": Give what time you can to one of the many social agencies who need extra help to pack baskets, serve dinners, etc., such as the Y.W.C.A., Salvation Army, a Children's Home, etc. In any of these you could keep in touch with the telephone. Then a word to the married nurse or the nurse who spends Christmas in her own home: Try to do something for the lonely pupil nurse or the still more lonely elderly nurse. So thinking of others at Christmas, may we all learn the *habit* of such thought and thus come to know "the meaning and beauty of thinking and working and playing for a community."

F. M. Shaw.

International Council of Nurses

In January, 1926, will appear for the first time *The I.C.N.*, a magazine owned, edited and published by the International Council of Nurses. This magazine will be published quarterly, in English, at the International Headquarters, in Geneva, Switzerland.

Articles and studies from the various fields of nursing, as well as contributions dealing with professional problems, will be included. The leading articles will be written by prominent members of our profession in different countries, so that the nursing news of five continents, as well as information about the work of the Council, will be published in this quarterly magazine.

The success of this new publication will depend on the support it will receive from our members as subscribers as well as on their efforts in obtaining other subscribers. The subscription rate is four shillings, or one dollar, per annum. Subscriptions should be sent to Headquarters, International Council of Nurses, 1 Place du Lac, Geneva, Switzerland.

Mrs. Rebecca Strong, formerly Matron of the Glasgow Infirmary, who introduced the first preliminary course for nurses in her training school. Mrs. Strong celebrated her eighty-second birthday while attending the meeting of the International Council of Nurses at Helsingfors in July, 1925. All the nurses present will remember Mrs. Strong as the outstanding speaker of the Conference. Her speeches were remarkable, not only for the strength and clearness of her ideas, but also for the beauty and precision of her English.

Addresses of Welcome

International Council of Nurses, Helsingfors

I.

By BARONESS SOPHIE MANNERHEIM

Friends: First, let me wish you all welcome to this meeting in the capital of my native land. Many of you have come from far-away countries, have endured long and tiring journeys to join us. We see here representatives assembled from all the countries that are already affiliated with our International Council as well as those from countries desiring affiliation, and who are awaiting our decision as to their eligibility. Thus our organization is enlarging and becoming more important.

At the same time the question of our duties to the nurses of the world rises before us and compels us to take a stand and come to a decision as to our future policy. Shall it continue on the old pre-war lines, or shall it become more active? In other words, when nurses all over the world claim help and advice, are they to get it from us, the only International Nursing Organization, or shall they be obliged to go to other sources for what they want?

This fundamental question, and many other matters, depends on what this Congress in Helsingfors decides. It is therefore, perhaps, the most important meeting we have ever had since the foundation of our Council. May we go to our work without prejudices, with clear heads and open hearts, and asking help that we may see the right way, where that help is never denied to those who ask for it.

II.

By DR. LEO EHRNROOTH

Your Excellencies, Ladies and Gentlemen: On behalf of the City of Helsingfors, I beg to tender to the members of the International Council of Nurses a sincere and hearty welcome to the capital of Finland.

This day, when nursing sisters from every part of the world have assembled here in Helsingfors in order to resume their international co-operation after an involuntary intermission of more than a decade, is indeed a red-letter day. The Great War, which destroyed so many precious cultural values, also demolished the international organization created and successfully developed by the nurses of various countries. The aim of this Congress is to put new life into those forms which had already been made for the organized co-operation of nurses, and thus to erase all traces of the ravages of war in this sphere, and re-establish those normal relations which existed before the great conflagration.

The Congress in Helsingfors thus marks a fresh start for this international co-operative work, and the inhabitants of our city rejoice in the fact that this important step towards the goal is coupled with the name of Helsingfors.

It is only natural that this remarkable occurrence should direct the world's attention to the nurses' international movement, and to the very praiseworthy aims it wishes to attain.

This applies in quite a special degree to the town and country which are harbouring the Congress. There cannot be any doubt but that this remarkable visit of so many nurses from different countries will have a stimulating and invigorating effect on the people of this country, and extend interest here for the nurses' movement into wider and wider circles.

I am pleased to take advantage of this occasion to express to the representatives of the world's nurses the respect and admiration we all are bound to feel for the devoted, self-sacrificing work which they and their fellow-sisters have done and are doing for suffering humanity—a work which, especially during the terrible years of the World War, made almost superhuman demands on their health and endurance.

You will no doubt be interested in seeing how the people of Finland, under unfavourable conditions and with modest means, are consistently striving in the various fields of social activity, to establish their country's newly attained position as a politically independent member of the free nations of the world.

You are yourselves the best judges of the value of the endeavours and achievements in your own particular sphere which you may find here. But may I be permitted to say, that should you find that Finland is at any rate not much behind other and greater nations as regards sick nursing and the training of nurses, the credit is to a great extent rightly due to a lady of energy, resource, and initiative from your own ranks, the President of your Council, Baroness Sophie Mannerheim. It gives me much pleasure on this memorable occasion to express our community's appreciation and esteem for her noble and important work.

On behalf of the City of Helsingfors, I wish your Congress every success in its forthcoming tasks.

I should be happy if these few heartfelt words of welcome which I have had the honour of addressing to the members of this Congress have succeeded in convincing you all of the warm sympathy and interest with which our community greets the world's nurses now assembled at an International Congress in the capital of Finland.

The Aims of a Professional Journal

By MARGARET BREAY

If the standard of civilization of a country is estimated by the standard of its literature, then an important aim of a professional journal must be to attain a recognized place in the literary world; to give to the profession of which it is the organ the best that profession can provide; a consistent policy, unaffected by expediency, an ethical standard which will inspire its readers to aim ever higher; also in appearance, in paper, printing, illustrations and production, to maintain a level of which its supporters may be proud. In the case of our own profession to provide for nurses, trained and in training, a voice in the Press, far-reaching, fearless and forceful.

Easy to set down on paper, but how difficult to achieve!

Yet of all the necessities of our profession, this voice in the Press is one of the most urgent. We may have the most wonderful ideas in the world, but if we have no means of imparting them to others there is little prospect of their becoming fruitful.

The supreme importance of an independent voice in the Press was recognized by Mrs. Bedford Fenwick, founder of the International Council of Nurses, with the foresight which has always been one of her most strongly marked characteristics, and in 1893, when opportunity offered, she secured *The British Journal of Nursing*, then the *Nursing Record*, and thus, for the first time in the history of nursing, gave a practical demonstration of the belief she so strongly holds; that to be of real use to the nursing profession a journal should be owned, edited and controlled by nurses.

It should be the aim of a professional nursing journal to bring to the notice of its readers the latest methods, appliances and discoveries in connection with their work; reports of the activities of the nurses' organizations in their country; matters arising in Parliament affecting their interests favourably or adversely, so that they may be supported or opposed before a decision is arrived at. It should also remind them from time to time of matters of historical importance relating to their profession, as memories of even most important events and personalities are short: for instance, the tale was told by the chairman of the London Hospital that when an appeal was made for a donation to a memorial to Miss Nightingale, the question was asked, "Who was Florence Nightingale; had she not something to do with a lifeboat?"

We heard this morning that in the field of nursing education the difficulty in the way of advance is always the financial one, and the same certainly holds good in regard to a journal run by nurses; it is necessary to aim at placing it on a sound financial basis, and for this it will need to be assured of capital, advertisements, circulation, sales—none of them very easy to attain in sufficiency in these days of keen competition. It is worth many sacrifices, however, in order to do so.

Nurses, as workers, have to face competition with organs in the Press, largely financed by Hospital Govern-

ors, who are their employers. Long hours, small salaries, are in the employers' interests, and a paper which voices the views of the nurses in regard to shorter hours and salaries commensurate with their skilled work, which will enable them to live with reasonable freedom from financial anxiety during their working days and to make provision for the days when they can no longer work, is apt to be regarded as dangerous and to be placed on an *Index Expurgatorius*.

When interests diverge, organs financed by employers naturally express the employers' views, and, if nurses have no organ of their own, it is certain they will be heavily handicapped, for it is not to the interest of the daily press to give valuable space to the affairs of nurses, who are not sufficiently rich to give a *quid pro quo* in the shape of advertisements.

A notable instance of this is that in Great Britain, throughout the whole of the struggle for State Registration of Nurses, the editor of *The British Journal of Nursing* had to contend with a most virulent opposition on the part of the commercial nursing press. It certainly retarded our State Registration for over a quarter of a century; but, registration having been attained in spite of its opposition, it is now on the side of the angels.

I have expressed the view that one aim of a professional journal should be that of high literary merit. It is an honourable tradition with every true nurse to give the best professional service in her power without pausing to ask whether she has given more than the exact equivalent in pounds, shillings and pence. The same thing should hold good in her relations to her professional organ. In my view every nurse should consider it a duty to subscribe to such an organ—by which I mean one owned, edited and controlled by nurses. Again, many nurses who cannot afford to contribute directly to its financial support have considerable literary ability, and it is always the aim of editors to secure such ability. I put it to those present that they should consider it an obligation of honour to place their contributions in professionally edited journals.

If all nurses exhibited this loyalty to professional ideals, commercial nursing journals, which are frankly out to make financial profit from their expert knowledge and talent, would "fold their tents like the Arabs and as silently steal away" to more lucrative pastures.

It is a curious fact, which I believe every editor of a professional journal in this hall will endorse, that nurses appear willing to write on almost any other subject than that on which they are most qualified to express an opinion. Experiences, fairy tales, decriptive articles, yes, but the average nurse seems to be as diffident as a new probationer in writing articles on practical nursing subjects, concerning which her knowledge entitles her to respect and attention.

In conclusion, I submit that the first aim of a professional journal is, not the making of dividends, important and desirable as they may be, but fearlessly, courageously and forcefully to support and to voice the best interests of nurses, which are the interests of the community, as to the care of the sick, the prevention of disease, and the raising of the standard of the national health.

It is a worthy and satisfying object for a life's work. All honour to those pioneers in every country who have chosen this difficult way.

(A paper read before the International Council of Nurses, Helsingfors, Finland, July, 1925, by Miss Margaret Breay, Assistant Editor, The British Journal of Nursing.)

The Basis of Future Child Welfare Work

By H. C. CRUIKSHANK, M.B., D.P.H.

Sir William Osler in one of his public addresses made the statement that the essentials for public health work were, first, enthusiasm, and secondly, knowledge of the subject. Then quick as a flash he amended this statement by adding, "No, knowledge first, then enthusiasm." In what follows there is no lack of enthusiasm for child welfare work, simply a plea for knowledge first and then enthusiasm.

The development of infant welfare work anywhere has followed upon realization of the fact that a large number of babies failed to reach their first birthday: child welfare work on the fact of the failure of many children to reach manhood or womanhood fit mentally or physically to take their place in the world. The realization of these facts has led, all over the American continent to the creation of a new body of workers, both men and women, whose activities cover all phases of the child's life. One of the latest developments is an effort to prevent the entry of the child into the world, another the effort to keep children out of industry—at the very period of life when habits of industry must be developed if they are to be successful—without providing adequate vocational schools to supply the children's need in this direction.

In order to maintain a proper perspective on the problems of childhood it is often well to turn to our elders and hear from them the stories of how many puny babies and apparently malnourished children have grown into strong, apparently healthy men and women. The number is surprisingly high. Turn from the appalling descriptions of conditions reported by Semmelweis to conditions in our own country a generation ago. Bad as they may have been, a surprisingly large number of mothers survived repeated childbirths to bring up and supervise the education of their large families.

When we note a reduction in the infant mortality rate in a city like Toronto, from 139 to 70 during a period in which intensive child welfare work is carried on, the first impression is that we are dealing with effect and cause directly. There may be other factors involved, however. No one questions the value of the child welfare work done throughout the length and breadth of Canada since the war—particularly in the West—so that the following statement from the Dominion Bureau of Statistics, "Vital Statistics Report No. 2," is rather startling:—"Infantile mortality rates for Ontario and the Maritime Provinces in 1922 show a considerable betterment over the previous year, while those for the Western Provinces show an upward tendency." The factors of age and sex distribution of the population at once enter into the problem.

There is a feeling among enthusiasts for health that all that is necessary to bring the infant mortality rate of, let us say, New Brunswick, which in 1922 was 103, down to that of British Columbia, which in the same year was 68, is a corps of physicians and nurses thrown into the field to concentrate on the child from the prenatal period through to adolescence. If that alone were the deciding factor, statistics could be used to prove that the withdrawal of such a field staff would be in the interests of the child. The infant mortality rate in British Columbia in 1921 was 56; with an increased staff and appropriation in 1922 it rose to 68. The rate in Ontario in 1922 was 83. With a more intensive campaign in 1923 the rate rose to 85. Cause and effect are not directly apparent in such figures.

When water purification first became general, in the effort to wipe out typhoid fever, a phenomenon was noticed that was summarized by Hazen, one of the water experts of the continent, as follows:—"Where one death from typhoid fever has been avoided by the use of a better water, a certain number of deaths, probably two or three, from other causes, have also been avoided." Is it not possible that the counterpart of this phenomenon exists for every community project aimed at improving the general sanitation or cleanliness of the community in question?

Of primary importance is the improvement of the financial conditions of any group of people comprising a community. There immediately follow better living conditions and more adequate and varied dietary. A lowered death rate and a sturdier group of men, women and children are the immediate outcome. When, as a result of the improvement in the personal or community economic status, it is possible to carry into effect such community undertakings as the securing of a pure water supply, pasteurization of milk and the protection of all forms of food from contamination, who is in a position to judge the relative parts played by these factors and an intensive child-saving campaign? In our large cities these problems have been so dealt with that further marked improvement waits upon further scientific discoveries. When these community activities have been a factor in the life of the child over a number of years we will be in a better position to evaluate the intensive campaign.

The school medical service of Toronto for years compared the height and weight of their children with tables prepared elsewhere. General dissatisfaction was expressed that children whom a thorough physical examination revealed as fit should be apparently very much under weight. Carefully prepared tables, compiled from normal Toronto children, showed that undoubtedly there was a tremendous variation in the normal child in different countries, due to environment, racial origin and many other factors. May not the ability to bring children into the world who will survive be just as much dependent upon environment, racial stock, diet, etc., as height and weight? The dog fancier knows that this is so. Certain strains of dogs repeatedly breed healthy normal pups. Others "play out," lose their fertility, or bear young that die prematurely. No amount of attention to cleanliness, ventilation or diet will overcome this, and the wise breeder disposes of his stock and starts afresh.

The biological laws underlying human development are not to be changed by any measures, however intensive. In cities where the infant mortality rate is low, a large percentage of the infant deaths are registered as "congenital malformation" or "congenital debility," in other words a congenital inability to survive in this inhospitable world. Some biological laws are now fairly well determined; about others we know little or nothing at all. Why certain infants should be unable to survive and why certain strains of animals "play out" are questions that as yet are unanswered.

Among the survivors there are many who have come through only after a struggle—what of the next generation? Are our efforts toward the conservation of the unfit or the near unfit tending to perpetuate the abnormal, at the expense of the normal and healthy? Here again, biological laws, of which we know little, will not be overcome, however intensive the effort.

I am drawing attention to these points, not to condemn our present child welfare work, but to safeguard its future. The effort to prevent normal children becoming abnormal

from preventable causes is based on sane economic and health principles. The effort to make the physical or mental defective self-respecting and self-supporting is sound, considered from both the ethical and economic sides. The principles governing these have passed beyond the experimental stage in most cases and can be applied with a fair knowledge of the results that we will achieve.

Our knowledge of genetics is slight and increases slowly. Ten years ago the mental defective was doomed and his children with him to the third and fourth generation. Who today would say as much? Not the psychologist, not the endocrinologist, not the well trained physician!

If it is remembered that the knowledge on which our child welfare work is based is very meagre, then it will be apparent that the bulk of our work along this line is experimental. The experiment that cannot be repeated here, there and everywhere is not the exposition of a scientific fact. Let us bear this in mind and our enthusiasm will not take precedence over our knowledge. Enthusiasm may lead us into two faults—first, acceptance of unproven principles as the basis of our work, and second, the building up of an organization which in time becomes so strong that when the experiment has failed the structure is so large and so beautiful that it cannot be torn down to rear one that is built on truth and knowledge—someone might lose his job!

If in our work of child conservation we realize the limitations of our knowledge of the physiology of growth, the part played by diet, the principles underlying heredity and the influences of environment, then we can build up an organization based on a sound experimental method, quick to seize upon new facts, ready to adjust itself to results secured elsewhere, striving for the good of the country through the welfare of the child—enthusiasm because the work is based on sound knowledge and secure in the knowledge that its enthusiasm will not lead it astray.

(Dr. H. C. Cruikshank, Assistant Officer of Health, Toronto.)

Labrador

By ELLA M. BUCKBEE, Reg.N.

Labrador is a region of which comparatively little is known, outside of books and articles published by the International Grenfell Association

It was my pleasure last summer to spend a couple of months on the coast relieving the nurse who was in charge of the Forteau Cottage Hospital, and although not travelling extensively "On the Labrador," I had the opportunity of living and working with the people. The nurses at the small hospitals have the pleasure of meeting all the summer workers passing up and down the coast, as in addition to nursing her patients she is required to extend hospitality to every Grenfell worker or traveller. I may say that I had many interesting visitors during my stay at Forteau, and enjoyed them all. In this way I gleaned information of the other points along the coast, though not going farther north than Battle Harbour.

The trip out to Labrador covered a period of five-and-a-half-days. That was the shortest time it could possibly take, and was due to splendid connections. There are many stops along the way. We saw our party dwindling down, dropping a dentist here, a doctor there, a nurse and a teacher at another point. My last glimpse of my travelling companion was seeing her landed at midnight and going off with two

fishermen and a lantern into the misty darkness. But I saw her later at Forteau, and she had enjoyed her summer work.

Some ports are left until the return trip, as their harbours are too dangerous to approach at night. There are nine foghorns and light houses along the coast, the fog-horns blowing every two minutes when there is a fog on. Every light has a differently timed number of flashes, this being arranged so that the mariners may know what port they are approaching, as many vessels pass through the Straits of Belle Isle on their way to and from Liverpool. Some of these light-houses were constructed by the Imperial Government, the one I visited being built over eighty years ago. The walls were ten feet thick at the base and the stone was all hand hewn. All of them are now operated by the Canadian Government.

Arriving at Forteau, I found the nurse in charge anxiously waiting her turn to go home to New Brunswick for a well earned rest. With her were many of the people of the hamlet, and the children greet one in their shy but friendly manner. Forteau is situated on a sheltered bay and is the most picturesque place I saw along the coast. The little homes are all painted white. There are two churches, one an Anglican and the other a Methodist, and two school-houses, also Anglican and Methodist. There is also an Orange Hall, while the hospital occupies the central position in the hamlet. At Point-au-More, the entrance to the harbour, there is a light-house, fog-horn and Marconi system.

The people just look like ourselves and the children like those we find in our schools, excepting that malnutrition is much more marked. The nurse, in the few hours left, showed me through the hospital, giving reams of directions about patients, supplies, the help, the customs of the people and left me feeling rather hazy for a while. The nurse's visiting territory extends for ten miles on either side of the hospital, travelling over this by motor boat in the summer and dog-sleigh, or komatik, in the winter time.

In some districts there is sufficient alluvial soil to allow the people to raise vegetables, the chief difficulty being the shortness of the season. Owing to this, such things as cabbages will not head, and we were unable to use the lettuce grown outside until the end of July. The temperature during July and August ran between 58° and 78°, warm enough for summer clothing with a light wrap at night.

In this little village there were about 200 people, 3 cows, 2 calves, about a dozen goats and 200 dogs, at the least calculation. The people are of English and French descent; religious, good-living, honest and friendly. One does not hear of any crime, and there are no magistrates or constables. In fact, there would be little for them to do. The people have no representation in the Newfoundland Government, which does not seem fair, as sometimes they have grievances against outside fishermen, which are not righted. They have never taken the initiative, and there is no leader in these little hamlets. Being desirous of having dogs penned up in the summertime, I called a meeting, and after coaxing for about a half hour, I was able at last to get a chairman. His outspokenness and homely way of placing an argument before his people was most interesting, and as a result of this meeting, a signed petition was forwarded to the Court of Justice at St. John's to be made into law. It is very difficult to find anyone who will take leadership, as they feel that they will be making themselves out better than their neighbours.

You ask why they stay on this bleak coast, scarcely making a livelihood. I asked one fisherman about this. He had taken his family to Montreal for a winter, and procured work there. His answer was interesting—"I could not be shut up in a

factory. My father and grandfather were fishermen and I never feels right away from the sea."

Cod-oil is manufactured in Newfoundland, from the cod livers, rendered down, and is a very important industry, the cod-oil being used extensively in cases of malnutrition, on account of being so rich in vitamins.

There are few really healthy people on the Labrador, tuberculosis claiming many victims. The teeth are in shocking condition, due to want of dental care and the lack of milk, vegetables and fresh fruits. Too much cannot be said in favour of the dental work which has been done during the past two summers by dentists sent out by the International Grenfell Association, but on account of the size of the field only extraction work can be carried on. The excessive use of boiled tea probably accounts for most of the grown-ups complaining of stomach troubles, at least the dropping of the tea habit has helped many. Beri-beri is often found. They have plenty of fresh air outside, but their homes are built air-tight for rigorous winters, and the open window is not often seen.

There are very few cows on the Labrador, as $60.00 means much to these people, and in order to help out this problem, goats are being introduced into the country by the Grenfell Association. Anyone who makes two floor mats and brings them to the hospital, may have a goat. Seventy Toggenburg goats have been placed on the coast by this Association, donated by a Chicago gentleman whose daughter recovered from tuberculosis after a diet of goat's milk. Goats do not fall victims to this malady.

I must not close without referring to the remarkable work which has been done on these coasts by Dr. Grenfell and his band of workers. Since leaving the North Sea over 30 years ago, he has been labouring amongst these people and they know him as spiritual and medical adviser. There are now five larger hospitals, six cottage hospitals, two hospital steamers, four launches, one orphanage and school, one public school, one Seamen's Institute at St. John's, and industrial work, including toy-making, rug-making, weaving of cloth, knitting of sweaters, being done from five centres. Dr. Grenfell visits these hamlets twice a year. There were over one hundred volunteer workers on the coast this year, including doctors, dentists, teachers, nurses and industrial workers, college boys from Yale, Harvard or Cornell, who come and willingly build fences, dig drains, run launches or help on the work in many ways. They are only following Dr. Grenfell's example. Twenty years ago when Forteau Hospital was being built Dr. Grenfell helped shingle part of the roof. The Child Welfare Department did splendid work this past summer with their dentist and portable equipment, their medical doctor and nutritional worker, with portable scales for weighing the children. Although these travelling units put up with much inconvenience, they manage to get a good deal of fun out of their ventures. In fact, one old captain has humourously called them "Dr. Grenfell's Savages."

Our return trip was made starting from Blanc-Sablon, on the border between Quebec and Newfoundland Labrador, on board a North Sea trawler called "Labrador," through the Gulf of St. Lawrence to Quebec, this part of the trip taking five days.

Upon leaving the workers at Quebec one of the women students from Cornell said to me, "The Labrador people have done me a great deal of good. I am going back to New York with a much better appreciation of the simple virtues." Can any better tribute be paid to these people? Labrador may be summed up in the following words: "Oh Labrador, it is a wild of doubtful things, such as fogs, bogs and dogs, and appreciated blessings such as sea, rocks, northern lights and gorgeous sunsets, and human hearts, which render true hospitality!"

(Extracts from a paper read before the Public School Teachers' Convention of Wentworth County, Ontario, by Ella M. Buckbee, Reg.N., Hamilton, Ont.)

Alberta's Joint Convention

The joint convention of the Alberta Association of Registered Nurses and of the Alberta Hospitals Association met Thursday and Friday, November 12th and 13th, 1925, in the Palliser Hotel, Calgary.

On Thursday the A.A.R.N. held separate sessions, Miss McCammon, president of the association, in the chair. About sixty members attended and the nursing profession in Alberta was well represented.

Morning Session, Thursday, November 12th

Registration.

Address of Welcome: Miss McPhedran.

Reading of minutes of previous meeting.

Reports of Secretary-Treasurer and Committees.

The report of the International Council of Nurses' Congress, Helsingfors, July, 1925, was given by Mrs. Manson, Royal Alexandra Hospital, Edmonton. Those present were duly impressed with the fact that the next congress will be held in China in 1929. Mrs. Manson suggested the idea of sending student nurses as representatives from the Schools of Nursing. Although at present this does not seem practicable for such a new province as Alberta, it was suggested that a similar idea could be carried out by sending student representatives to the local and provincial conventions.

The association was entertained at luncheon in the Palliser Hotel by the Calgary Association of Graduate Nurses.

Afternoon Session, Thursday, November 12th

Papers read:

The Value of Milk: Miss Hendrie, Dept. of Public Health, Calgary.

Educational Problems in Training Schools: Miss M. F. Gray, University of British Columbia.

Miss Gray, in speaking of the schools of nursing in small hospitals, stated that these schools were not justified unless they had proper teaching equipment and a qualified instructor in charge. Miss Gray strongly advocated Training School inspection, Government grants, and the power of the inspector to withhold the grant from hospitals which refused to adopt modern methods.

Then followed separate meetings of the three sections.

Problems, especially relating to each section, were discussed. Some of the discussions were on: Tariff card for all private duty nurses in Alberta; hospital inspection by a Government official and having a registered nurse in charge. (The Nursing Education Section has already a revised minimum curriculum to present to the senate of the University of Alberta.) Raising the standard of student nurses' preliminary education to grade IX., with a recommendation of grade X. whenever possible; that the Department of Education be asked to include in the curriculum of the High Schools those subjects a knowledge of which is essential to students who plan to enter a school of nursing at a later date; a Refresher Course at the University next spring. The members of both associations were entertained at tea at the Holy Cross Hospital, where Miss Hall, newly-appointed Western Supervisor of the Victorian Order of Nurses, addressed them briefly on the work of the Order.

Morning Session, Friday, November 13th

Joint meetings were held on Friday, and the morning session opened with a paper, A Hospital Survey, followed by papers on: Institutional Diets; Breakage and Loss: How Far Is the Employee Responsible? Hospital Economics; What the Doctor Expects of the Hospital; The Refrigeration Plant and Food Economy.

Mayor Webster was the guest of honour at a luncheon at noon, held in the Hudson's Bay, by the A.A.R.N.

Afternoon Session, Friday, November 13th

Papers read:

The Need of the Establishment of Old People's Homes in Alberta; General Handling of the Patient and Occupational Therapy.

Nursing Problems in Small Hospitals, by Miss M. F. Gray, University of British Columbia.

Miss Gray again gave a very helpful address, stressing especially co-operation between Matron and Board.

Public Health in Alberta: Dr. W. C. Laidlaw, Deputy Minister of Health.

Dr. Laidlaw emphasized the ideal of the hospital as a community health centre.

At this point the delegates had tea at the Calgary General Hospital, which was followed by a round table conference. A most excellent paper was given by Dr. Smith, Medical Superintendent of the Royal Alexandra Hospital, Edmonton. Dr. Smith brought very clearly and forcibly before the members the advantages of Government grants to schools of nursing and the resultant increased efficiency. He expressed the opinion that with this increased efficiency our schools could ask a fee for education received: a policy which has been pursued at some schools of nursing in Great Britain.

Ideal weather prevailed throughout the convention, and with "Blossom Time" as a theatre attraction everyone spent an enjoyable and profitable time.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Nursing Service in Hospital Wards

By E. MAE FRASER, Reg.N.

A medical student owning a low, narrow brow, asked the professor, "How long can a man live without brains?" The professor replied: "Wait and see." Just about as enlightening and reassuring would the answer of the nursing profession be if asked: "How long before we can expect an ideal nursing service?"

We may refrain from any futile discussion on the types of service or the comparative cost of employing graduate nurses, and the training school. Nor do we propose to discourse upon the relative merits of the various groups, as doubtless the system of having the bulk of the nursing in hospitals done by pupils will continue for the present.

I will limit my observations to the nurse. I have three reasons for doing so. First, our answer to the call for better service is the better nurse; next, the pupil nurse has the strategic contact with the patient; and third, "It's easier."

If we hold in our thought, as background for anything that may be said about the making of the nurse, the fact that service to humanity is the only apology that the nursing profession has for its existence, it may help to clear the decks and prepare for a frank understanding of the two ideas suggested by our topic: "service" and "nursing."

How may the practical experience on the wards be used to advantage in the education and development of the nurse? How can we help the nurse to acquire—not alone the accuracy in technical procedure commonly known as skill, which, after all, is but an end product of motor habit—but to gather from her experience its educational value? How, from these experiences, may her intelligence unfold and her power to grasp the possibilities of a situation be born? How may the assets with which our probationers enter training, the freshness and the alertness, the curiosity and the enthusiasm, be carried through the preliminary period, across the grey level stretches of the intermediate year, over the long reaches of the third year, safe and undiminished to the end, and after?

The educational value obtained by a nurse from ward routine depends not alone on her interest, her mental equipment and previous training, but on the intelligence and vision of her teachers.

Let the instructor be scientific, if she may; a psychologist, if possible; a master of pedagogy as she must. But first and always let her greatest study be the nurse. The staff physicians, to the advantage of the students, might give the lectures in anatomy and bacteriology; the principal of the High School those in chemistry; the druggist of the town might teach materia medica; the wife of a staff doctor or some member of the board might be persuaded to teach dietetics; but on the supervisor falls the larger task of interpreting the sciences and applying their principles to the art of nursing. An elderly professor, said to have been covered with honours and titles, who for long had occupied the chair of comparative languages in one of our great universities, was asked what he really taught. He

answered: "I teach reading!" With as fine simplicity may the instructor boast: "I teach nursing."

She is responsible for making opportunities for drill in the various nursing procedures; for seeing that equipment and time are furnished for carrying out procedures in the ward as they are demonstrated in class room; that there is the proper connection between class room practice and between class instruction and the nurses' turn in rotation through the departments. Full advantage of ward cases should be taken to familiarize the student with the clinical aspects of diseases.

The instructor herself must be the thing she professes and proclaims, and must know the end-point for which she works; and, withal, she needs the charm of personality that will render truth, and the principles she advocates, both attractive and desirable. She must know the contributing forces and faculties and qualities that combine and ripen into the perfect woman and the altogether satisfactory nurse. It becomes her to have a clearer notion of causes and results than did the small boy who was found looking with a very serious expression into the face of a kitten held in his arms. A friend noticing the sad and puzzled look said: "Jimmie, don't you love your kittie any more?" And the boy answered: "Yes, I love her; but I was just wondering if when she grows up she will be a dog."

The teaching must go on through the entire training. What the teacher has begun in the classroom must be continued and followed up by supervision on the wards.

The supervisor's chief function is leadership and guidance: not the passing of judgment. She is to be more than an overseer. Out of ward experience the supervisor may assist the nurse in building up intellectual self-possession from what, unguided, would be only routine or caprice. She must not do all the creative thinking. She must help the nurse to engage her imagination, which is the thing that lifts any activity out of the merely mechanical. If the class and demonstration rooms call for picked personality and fine mental equipment, follow-up work in the ward demands "all that and more." The three big fields of knowledge dealing with human relationships—psychology, sociology and philosophy—need to be drawn upon to supply the supervisor's reserves. Her greatest duty is to keep on growing and extending her own horizon. If her store be rich and bountiful, avenues for releasing her helpfulness will not need to be forced. "We turn voluntarily to those who have to give." She must understand the capabilities and mental preparation and the emotional nature of the nurse. She must study the nurse's strong and weak points with the purpose of helping her. The supervisor will judge and weigh the executive ability of the nurse; her adaptability to the needs of the patients; to the equipment at hand; her ability to adjust to the requirements of the ward and to the larger policies of the department; the ability to work with others, to think in terms of the group, her effective use of time, her skill and promptness in technique.

Growth and development can only take place under right conditions. Only in the normal atmosphere can supervisor and supervised get right reactions. The atmosphere should be wholesome and spontaneous, kindly and sympathetic. If it is, it will be happy and stimulating. The biggest factor in creating such an atmosphere will be the mental and physical health of the instructor. Only so long as such wholesome relations exist can the pupil be encouraged to use her own initiative, to find an outlet for her own creative thinking; and only so can the identity of the pupil's personality be pre-

served. Much care is needed to ensure that the uniformity in methods and procedure that is so desirable and necessary—but which tends toward an undue respect for precedence and custom and tradition—be sufficiently overcome to offset the danger of the pupil having to surrender her individual initiative. Should the supervisor arouse resentment or antagonism it engenders hardness in the nurse, and this hardness will later be reflected in poor work. Criticism should be constructive, and judgments guided by scientific standards. The comment on our supervision in the past—"there has been too much 'super' and not enough 'vision'"—might bear some consideration.

That the relationship between the nursing staff and student decides the nurse's care for the patient, goes unquestioned. That a band of nurses with a high regard for their work is the greatest contribution in promoting hospital morale will as readily be conceded. Can we guide our nurses so that they will be a contradiction to the slur that "efficiency without sympathy is the curse of our day?" Can she be helped to the consciousness that our first duty to the patient is to make common cause with his essential humanness; that the consideration of his mental welfare and comfort is as important as his physical treatment? Would these ensure the patient thoughtful attention and care of detail? Would it banish forever from our halls the picture of the new patient, waiting long periods, in fear and timidity and, perhaps, with an utter sense of "aloneness," while apparently unheeding nurses intent on other duties hurry back and forth, too busy to give a kind greeting? Would they lead to a wiser grouping of our patients in the wards, so that convalescents are not put in close proximity to fresh operative cases or to those suffering acutely? Would they teach us to study how to save patients from objectionable sights and sounds and smells? Would they suggest the protection of patients from having to witness lavages and painful dressings and deaths? Might they bring us to better planning of work, with patients as the basis of assignment instead of pieces of work allotted the various nurses with the one big object of covering more work in less time? Would more thought and consideration of the patient obviate the carelessness of detail that allows the matter of a lost hat, when the patient is ready for discharge, to induce irritation and rage that overshadows all gratitude for skill and treatment and unremitting care that has run perhaps through months?

If we could throw greater emphasis on respecting the sensibilities of the patient, on the giving of expert scientific care with better cheer, could we gather our courage to fling some of our vaunted professional etiquette to the winds? Might we even stand aside and let the shades of the old military discipline pass?

Would it help to establish the better spirit so essential in our wards if we believed and practised that there are only two classes of folk in hospital: those who suffer and those who serve? Life's biggest challenge is to be whole-hearted humans.

We would ask for a larger faith in our student body. The great appeal which the nurse's opportunity of adding something to the "Beauty and comfort of God's world" makes to woman has never fallen on deaf ears or closed hearts, nor will it! We can trust the innate "white-handed nobleness" of our young womanhood for that!

(Read before the annual meeting, Manitoba Hospital Association, September, 1925, by Miss E. Mae Fraser, Reg.N., Assistant Superintendent of Nurses, Winnipeg General Hospital, Winnipeg.)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Prevention of Rickets

By HENRY C. SHERMAN, Ph.D.
Department of Chemistry, Columbia University, New York City

Park has recently written: "Personally, I believe that if pregnant women received ample well-balanced diets, in which green vegetables were abundantly supplied and cows' milk was regularly taken, and kept a sufficient part of their time in the open air and sun. and if their infants were placed in the direct rays of the sun for a part of each day and were fed cod-liver oil for the first two or three years of life, more could be accomplished in regard to the eradication of caries of the teeth than in all other ways put together, and that rickets would be abolished from the earth."—(Dental Cosmos for February, 1923.)

This declaration of the practicability of complete abolition of rickets is all the more impressive in that it comes from one of the most careful, critical and conservative students of the disease, who deals with it not only under experimental conditions subject to laboratory control, but also clinically under the complexities of actual human experience and whose definition of rickets is notably broad and inclusive. It would be well if this statement by Park could be given at least as wide a circulation as has been given of late to the suggestion that rickets is caused by the eating of cereals.

That too exclusive a dependence upon cereals in the feeding of infants and young children may increase the danger of rickets is undoubtedly true. Whether the cereal in any case has directly injurious action such as to justify the belief that it is "rickets-producing" in any other sense than that it tends to make the diet one-sided and induce a greater gain in size than in bone development is not so clear. Mellanby's experiments with puppies, from which he draws the conclusion that cereals are "rickets-producing" and oatmeal especially so, are of distinct scientific interest and may perhaps prove to be of practical importance for some parts of the British Isles where cereals and especially oatmeal bulk largely in the diet of a majority of the population and where sunshine is a blessing which Nature but rarely bestows.*

Fortunately most of our readers and their patients or "clients" have access to sufficient amounts of sunshine if they can but be taught to use it; and they also live within reach (both geographically and economically) of food supplies of such adequacy and variety that there need be no hesitation in giving to cereals the place in the diet which their wholesomeness, cheapness and relatively high food value suggest, so long as proper emphasis is also given to the foods which are now well known to be of special value as sources of those nutritive essentials which in the cereals are either lacking or not sufficiently abundant. Fruits and vegetables for mineral elements and for vitamins B and C; milk and the yolk** of egg for mineral elements, vitamins A, B and D*** and the nutritionally important amino acids—these foods, with cod-liver oil as additional insurance as to abundance of vitamins A and D, make us practically independent (at least in regions receiving moderate amounts of sunshine) of any such fear of the cereals as some people seem to have derived from the perhaps excessive publicity which has been given to Mellanby's preliminary

results. It is unfortunate that the newspapers have given so much greater prominence to the merely preliminary indications of a rickets-producing substance in oatmeal than to the evidence which his work affords, in confirmation of much evidence differently arrived at in this country but of similar import, of the positive value of whole milk and fresh vegetables in the prevention of rickets, probably because they contain both a favorable mineral content and significant (though variable) amounts of the antirachitic vitamin.

For the dominant and practically important aspect of rickets is certainly not a matter of a direct food toxicity; it is a nutritional deficiency or perversion which affects particularly the skeletal tissues. As Park has defined it, rickets is a disturbance of the mineral factors in nutrition which results in a retarded deposition of calcium phosphate in the developing bone.

That the fault is not so much in the bone tissue itself as in the serum which bathes and feeds it, is clearly shown by Shipley's demonstration that rachitic bones will calcify normally when removed from the body and placed in a suitable serum.

Analysis shows that in rickets the bloom serum is deficient in its content of calcium or of phosphorus or both. Such mineral deficiencies in the blood serum may be due to corresponding deficiencies in the food, or to losses of calcium, phosphorus, or both, as calcium phosphate in the digestive tract, or to a failure of the body for some other reason to mobilize calcium and phosphorus to the best advantage of the developing bone.

The antirachitic vitamin of cod-liver oil, egg yolk, whole milk and fresh vegetables probably acts by aiding, in some way not yet fully understood, the mobilization of these mineral elements in the body.

Sunlight (or its equivalent in ultra-violet rays from other sources) probably acts by forming antirachitic vitamin from the cholesterol always present in the skin.

The view that rickets is essentially a matter of nutritional deficiency or defect which shows itself in a diminution of calcium or phosphorus or both in the blood serum, and can be prevented by maintenance of the normal calcium and phosphorus content of the serum whether this be accomplished by direct attention to the metabolism of calcium and phosphorus as such, or their more advantageous mobilization through the aid of antirachitic vitamin or ultra-violet rays, or **best** through attention to all three of these phases as recommended by Park in the statement which we have quoted as the opening paragraph of this paper, is so well established and of such well-proven adequacy that attention should not be diverted from it by over-emphasis upon subsidiary phases of the rickets problem.

*We are all familiar with the expression "a fresh day" as applied to a day of refreshing and exceptional coolness in summer time; in Scotland (according to the Century Dictionary) a sunshiny day is a "fresh day."

We here emphasize the yolk of the egg rather than the egg as a whole because we believe that whatever there may be of danger in the feeding of eggs to young children resides in the white of the egg (which seems responsible for such anaphalactic phenomena as has been adequately described) and that the yolk contains much the greater part of all the nutrients in the egg which are important to the child—the iron, calcium and phosphorus, the vitamins, and proteins which furnish the nutritionally essential amino acids for conversion in proteins of muscle, blood and bone. Since the child is not growing feathers, it cannot make the same good use as does the chick of the **extra protein contained in the white of the egg.

***For convenience, we here follow the growing custom of using the letter D for occasional brief designation of the antirachitic vitamin.

(Child Health Bulletin, September, 1925—The American Child Health Association, New York City.)

The Care of the Mother

The health and protection of the mother is the basis for the health and normal development of her child. Make safe the first 18 months of your baby's life—9 months before he is born and 9 months after—and his future will be comparatively free from danger.

The health of mother and baby depends chiefly upon sufficient income properly expended, wholesome living conditions, good health and right living on the part of the parents, protection of the expectant mother from overwork, worry and under-nourishment, proper care during pregnancy and confinement, adequate rest during the lying-in period and breast feeding for the baby. A doctor should be consulted as soon as the mother thinks she is pregnant and visited at least once a month until the sixth month and then every two weeks. Urinalysis should be made at every visit.

The diet should be plain and wholesome, including fruit, fresh vegetables, eggs, cereals, meat not more than once daily, potatoes, bread, simple desserts and at least a pint of milk a day. Drink plenty of water, at least six glasses daily. Constipation should be avoided by eating laxative foods such as ripe and stewed fruits, cereals and whole wheat bread. Do not use strong cathartic medicines.

Frequent bathing is especially important during this period. Careful attention should be given to the teeth.

Eight hours of sleep at night in a well-ventilated room and an hour's rest each day will help the mother to keep well and strong. She should live out of doors as much as possible. Regular exercise is necessary for good health. Simple housework is often beneficial although lifting or straining should be avoided.

Mothers should know that the baby cannot be "marked" by any fright or other experience. Worry and nervous strain will lower the baby's vitality, but will not mark it.

During confinement the mother should have the best medical care available. After the baby comes she should rest in bed at least ten days and as much longer as the doctor advises. Full housework should not be undertaken for at least six weeks.

European Nurses Studying in Toronto

Six European nurses are enrolled at the University of Toronto, and two in the Training School for Nurses of the Toronto General Hospital.

At the University are: Miss Babicka, from Poland; Miss Komorska, from Poland; Miss Kulczynska, from Poland; Miss Damman, from Belgium; Miss Fialova, from Czecho-Slovakia; Miss Gruber, from Jugo-Slavia.

At the Toronto General Hospital are: Mrs. Papailiopulos, from Jugo-Slavia; Miss Schiffrer, from Czecho-Slovakia.

The six at the University are all graduate nurses and are working for the Diploma in Public Health Nursing. The two at the General Hospital are also graduate nurses, but have gone to the hospital training school for additional teaching in special subjects, particularly in the maternity, dietetic and out-patient departments. All of these eight nurses have received fellowships from the Rockefeller Foundation, and each is preparing for a special post in her own country upon the completion of this post-graduate work.

(The above announcement has been received as a correction to the article which appeared on page 592 of the November number.)

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Christmas in the Wards

By OLIVE C. PRIMROSE

On a Christmas card last year there was this verse:

"From quiet homes and first beginnings
Out to the undiscovered ends,
There's naught that's worth the wear of winning
But laughter and the love of friends."

We are appropriating it for this, our first Year Book, because it has truth. Nothing but "love and laughter"—happy memories—stand the years. Much else is won; much else remains; nothing but these console.

"Christmas in Exile"—over and over again it has been pictured and sung. We cannot forget the War Christmases. They were dominated by the fighting spirit, the pluck that laughs at pain—and that, wherever it is found is more heart-breaking than all "complaints." It was faith in laughter that drew Bairnsfather's cartoons—faith in love that made Christmas in the trenches.

There are two tributes to the Nursing Sisters which you may not have heard. One says much for the gay, cheeky energy of the British Tommy. It was sewn in large wool letters on a gray blanket and greeted the day staff as they came on duty on Christmas morning:

"May the angels above and the devils below
Protect Canadian Nurses wherever they go."

The other, dropped from an airplane, was in French:

"Greetings—

"To the Officer Commanding, Officers, and Men . . . and to the Nursing-Sisters, whose shadows flitting between the tents, make our flight poetic."

In war or peace, Christmas in hospital is very faithfully remembered. Here is a Bluecap's account of her first Christmas on the wards:—

December 25th, 4.45 a.m.

" . . . and you know perfectly well it took you a quarter of an hour yesterday to arrange your bib."

No "Merry Christmas, darling, I've just run your bath," . . . only the end of a short lecture on early rising—these were the first words I heard on Christmas morning.

The world is dark at five o'clock and Romance is dead. Still, that warning reminder of the struggles of yesterday, combined with the pride which the mention of a bib still evoked, brought me to my feet. To the lay mind there may be something humorous about people actually getting up at five a.m. to sing carols. At the moment I couldn't see it. Grimly I struggled with a refractory collar button.

The voices of the carol singers floated down to us—borne very clearly through the silence of the deserted corridors. There is something curiously stirring in the rapturous triumph of those opening notes: "Hark, the Herald Angels sing."

The singers paused on a landing, grouped outside the doors of the ward—open—beyond the long ward in darkness—the long lines of beds—and the Faithful, listening. Faint at first the chorus of voices floated to them—coming nearer, clear and joyous, fading in the distance into silence again.

The patients who helped with the breakfast that morning served cornflakes and oatmeal with a pomp and ceremony that glorified both. Afterwards everyone shook hands heartily with everyone capable of shaking hands. What a blessing it is that everyone, from a Siamese up (or is it down?) understands a handshake! Nothing to us that only the day before we had hotly protested Mr. Lavinonsky's right to have his ancestors—for several generations—as well as his descendants—also for several generations—grouped round his bed. Nothing to him that he had with his own eyes seen us remove that parcel of cream puffs. There had been words—but that was all past now. It was Christmas; it was Noel; it was Peace on Earth—Goodwill to Men.

Smiling faces greeted the hot water and soap parade. Smiles even from those who seemed never to have outgrown a certain, one can almost say childish, aversion to the great twin brethren.

And when the ward was, as a compatriot of mine has it, looking like a million dol-

lars, the tree in the centre was stripped of its spoils. It was a great success, for they were very happy with their presents. I suppose there were a few mistakes. One horny-handed son of the soil was found ruefully contemplating an unfortunate combination of talcum powder and pink notepaper.

In the children's ward, of course, the wildest enthusiasm reigned, and the honours of the day were faithfully performed. When has Santa Claus tolerated pain or poverty or despair? But then, Christmas is the possession of children. You may think you have recaptured all its joy—your heart may be singing but it is a quiet, peaceful little tune. Reminiscent, only reminiscent. Do not be deceived. When that first guilty doubt assailed you—the first time those stories of chimney and reindeer seemed to conflict, you could have heard, if you had listened, the clang of the Golden Gates. And never again—you will never have these again.

"Do look at old Colontonio!" someone urged. Colontonio was caressing, there is no other word, a red bandanna. Evidently we had made a real hit there: colour, spots, and all!

The magnificence of a turkey dinner eclipsed all other glories when the trays appeared. A proper banquet.

It was followed by an hour or so of comparative peace. There ought to be a quotation about good food and contentment, but if there is I cannot remember it, and the picture was unforgettable. The tree in the centre; the holly on the walls, and the winter sunshine falling on the two long rows of model patients, asleep.

It was the Christmas spirit that welcomed the visitors that day—but it was Authority, tired to the point of tears, that ushered them out. Christmas was over. The decorations were a little bit askew. There were several sprigs of homeless holly. Outside in the snow solitary figures, caps pulled down and coat collars turned up, were hurrying towards some doorway with a light over its knocker. Night was settling over the city and the sleigh bells chimed out of the darkness.

There is something compelling about the spirit of Christmas. Something that makes short work of racial distinction and foreign tongues. It is understood and taken into the heart, known of all—Barbarian, Scythian, Bond or Free—the faithful.

(From the Year Book, 1925, Royal Victoria Hospital, Montreal.)

Home Nursing Classes, Toronto

An interesting event at the Red Cross Lodge, Christie Street Hospital, Toronto, was the function given in honour of the nurses who gave voluntary assistance in conducting home-nursing classes last year in Toronto. Appreciation of the work was expressed by a number of speakers representing organizations which had benefited from the home-nursing classes. The chair was taken by the president of the Toronto Red Cross, Mr. Lyman Henderson. The director of the health department of the Red Cross in England, Mrs. John St. Loe Strachey, wife of the editor of the London Spectator, spoke briefly on the public health programme in England, and extended greetings to the Canadian Red Cross.

Among others who addressed the gathering were Dr. George Smith, Dr. Ruggles George, Colonel Noel Marshall and other Red Cross officials who were present.

The guests were received by Mrs. T. Albert Brown, Mrs. T. A. Richardson, convener of the home nursing classes, and Miss Jessie L. Goodman, director of the classes.

It was stated that 73 classes were conducted last year in Toronto, and that 1,085 women received valuable instruction on the prevention of disease and on the care of the sick in the home.

It was pointed out by Dr. George Smith that the success of the work was due to the splendid co-operation which existed between the nurses and the members of the home nursing classes. Dr. Ruggles George stressed the importance of giving instruction in the simplest health rules for the home, and complimented the nurses on the gratifying results of the work.

At the tea hour the table, lovely with pink roses, was presided over by Mrs. T. Albert Brown and Miss Laura Holland, with a bevy of pretty assistants in Red Cross uniforms to look after the guests.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

CHRISTMAS! A magic word of memories! It carries us back to gaily-bedecked wards dotted with blue-uniformed figures. Visions of patient suffering and noble sacrifice crowd in upon us, make the heart catch, and the mind pause with a strange nostalgia. Almost does Christmas seem a lens adjusted to our focus, to allow the pictures of memory to flood the mind: here a tent, there a hut, in every unit a Tree around which cluster faces alight with the joy of service. Here are lumpy gifts, socks and such, packages of fags and 'baccy. Laughter, pungent laughter, is not wanting . . . yet how little it allays the poignant pain!

Soon the picture changes and there comes a new perspective. The traits of yesteryear have grown, like the pine tree, deeper rooted, wider branched, with new depths of understanding, breadth of vision, heights of spirituality. CHRISTMAS! Hallowed word of memories . . . take your age-old message to all "whose hearts remember how."

MARGARET MACDONALD,
Hon. Convener of the C.A.M.N.S. Section.

Red Cross Port Nurseries

By N/S VIVIAN TREMAINE, Port Nurse, Quebec

The Red Cross Port Nurseries were started at the close of the war for the reception of the soldiers' dependents at the points of debarcation: Quebec, St. John, and Halifax. They were found to be such a very great boon to the mothers and children that the Department of Immigration asked the Red Cross to continue the work. As it was felt that much good and a certain amount of health work could be done, the Red Cross decided to carry on as a part of its Peace Time Policy the work of meeting, welcoming and doing all that was possible for our new citizens on their first day in Canada.

If you could come with me to the Immigration Building at Quebec some Saturday or Sunday when we are expecting, let us say, the "S.S. Montnairn," this is what you would be likely to see: A large bright nursery, well equipped with cots, beds, small red tables and chairs, larger wicker chairs for the women; bright coloured posters on the walls, also beautiful fairy-tale pictures; a small kitchenette, fitted with everything necessary for making "the best cup

THE RED CROSS PORT NURSERY AT QUEBEC

(The smaller boys and girls were delighted with the tiny red chairs and tables where their milk and biscuits were awaiting them).

of tea we have had since we left England," with plenteous supplies of milk and biscuits, sterilized bottles for babies' food, etc.

When the immigrants have passed the civil and medical inspection, which have been somewhat of an ordeal to a woman with perhaps a family of five or six cross, tired children, they come downstairs and are brought to the nursery, bag and baggage, by the I.O.D.E. voluntary workers: have a cup of tea, and rest till the time for checking baggage. The children have milk and biscuits and the babies their own special food. There is a washroom where the babies can be bathed if needed.

While the mother is resting the nurse has a chance to have a little talk; takes the address, number and ages of the children; notices any physical defects; finds out what help is necessary and, incidentally, often hears of many little difficulties that can be rectified. This information is later sent to Headquarters, and, if at all possible, the family will be visited shortly after arrival at their future home and put in touch with the Child Welfare clinics, etc.

The "Canadian Mothers' Book" and various health leaflets are given to the mothers, and a "Welcome" card to every newcomer, as we have them in almost every language. Just here I might say that we have a young Russian lady who speaks many tongues and it is her special duty to look after the foreigners and help them in every way.

A surgical dressing table is always in readiness, in case of an emergency; frequently there are minor dressings to be done, the doctors send various cases to be attended to, and all sorts of small ailments are treated by the nurse, a doctor being called in cases of necessity.

Much credit is due to the Imperial Order of the Daughters of the Empire. Two members of the Order are in attendance after the arrival of each ship. We are kept well supplied with magazines, babies' layettes, and clothes; and a small post office is run by them for the benefit of the immigrants.

The follow-up cards for 1924 were forwarded to the Provincial Divisions as follows:—

British Columbia	224
Alberta	342
Saskatchewan	597
Manitoba	227
Ontario	1,902
Quebec	332
Nova Scotia	17
New Brunswick	22
Total	3,663

A FAMILY GROUP OF IMMIGRANTS FROM CZECHO-SLOVAKIA.

The following statistics from the report of 1925 may be of interest to the reader:

Nursery	Ships	Cared for in Nursery: Children	Infants	Women cared for	Treatments	Cards
Halifax	183	805	226	1,075	253	253
Quebec	175	12,227	1,350	10,031	155	2,918
St. John	33	2,320	289	1,401	98	492
Total	391	15,352	1,865	12,507	506	3,663

News Notes

MANITOBA

On the afternoon of November 11th the mezzanine floor of the Marlborough Hotel was the scene of a very enjoyable tea, attended by members and friends of the Nursing Sisters' Club. The guests were received by the president, Miss A. J. Attrill, R.R.C., and the convener of the Social Committee, Mrs. J. H. R. Bond, R.R.C. The tea table, centred with poppies—the emblem of the day—was presided over by Mrs. G. W. Parker and Miss A. Baird. Throughout the afternoon very enjoyable pianoforte selections were played by Mr. Digby Tomlinson, a blind pianist. Several out-of-town and new members were present and much credit is due the Social Committee for their continued splendid work.

Canadian Nurses' Association

The members of our federated associations will recall that in September a circular letter from the National Office was received in which the associations were asked to inform the Executive Committee C.N.A. what methods had been used by them to influence a larger number of their members to become subscribers to The Canadian Nurse. From replies received the Executive Committee selected the following for publication:

"Madam: In reply to your inquiry re the most successful methods of securing subscriptions to The Canadian Nurse: The Treasurer of the Montreal General Hospital Alumnae Association kindly consented this year to receive subscriptions with the annual dues and forward them direct to you; this resulted in some sixty new subscribers.

"The Executive Committee plans to appoint a special committee for the coming year to interest more members in subscribing.—Yours sincerely,

(Sgd.) "A. WHITE,
"Corresponding Secretary,
"Montreal General Hospital A.A."

Book Reviews

A Short Life of Florence Nightingale. Abridged from the Life by Sir Edward Cook, with additional matter. By Rosalind Nash, Toronto. The MacMillan Company of Canada. Price $3.50.

Miss Nash has carried out the idea that Sir Edward Cook had in mind, of writing the story of the activities of Florence Nightingale in shorter form. Sir Edward Cook died before the task was accomplished and Miss Nash took up the work. Her book contains all the important parts of the original work, and from material made public during later years she has added some fresh passages of interest. She has also corrected some statements that gave wrong impressions of the character and actions of this famous woman.

The story is of interest to all members of the nursing profession. To them "The Lady with the Lamp" has been an inspiration and they owe to her the revolution which has taken place in the care of the sick, and the recognition of nursing as a profession.

The life of this great woman from her earliest childhood shows how her inclination, character and experience prepared her for her task undertaken in connection with the Crimea, which resulted in saving thousands of lives, and reduced the suffering of the sick in hospitals throughout the world. The tale is unfolded of difficulties met and overcome. She won the respect of officers and men, and when she returned to England, a notable figure, all classes of men and women expressed their admiration and esteem. Her disclosures regarding conditions existing during the war led to inquiries being held, and this resulted in provision for the health of the soldier in peace as well as war. She was consulted in many matters relating to public health and her opinions were treated with respect. She established a training school for nurses which led to the development of similar schools all over the world. She maintained her interest in her life work, although her activities were curtailed by illness, until the day of her death.

The book is one which should be read by everyone interested in nursing. It is the biography of a great woman whose good works live after her and continue to spread her fame, and which shall be an inspiration to all who read it.

Ethics: A Text Book for Nurses. By Charlotte Tally, R.N. G. P. Putnam's Sons, New York and London. Price $1.50.

Miss Tally has held the position of Superintendent of Nurses in various hospitals in the United States, and has acted as Chairman on Education, Montclair, Federation of Women's Clubs. She acknowledges her indebtedness for criticism and endorsement of her work to Augustus S. Downey, LL.D., Assistant Commissioner and Director of Professional Education of the State Department of Education, Albany, N.Y.

In her introduction she stresses the importance of making the teaching of ethics in training schools more practical, and suggests methods that have been tried with success by educators. To furnish a background for ethical questions she has condensed material from reference books and general ethics, and hopes to stimulate interest in the more detailed books on ethics.

She discusses her subject in nine chapters, each chapter being briefly summarized. There is a helpful index at the end of the book. In the first chapter on the origin and development of ethics she traces the development from primitive society to the present century, which leads to a discussion in the second chapter of Modern Ideals and Standards, which she thinks are higher now than in the past. In the summary in this chapter we learn that woman has an equal place in the world with man, that moral control has replaced control by force, but that moral progress has not kept place with advances in other directions. The first half of the book includes chapters on Individualism, Self and Others, and one on Judgment, Will and Habit.

The second half is taken up with discussions on Ethical Values, Life's Essentials, The Quest of an Ideal, and the last chapter applies the principles of ethics to nursing as a profession.

Eye, Ear, Nose and Throat Manual for Nurses. By Roy H. Parkinson, M.D., Visiting Oculist and Aurist to St. Joseph's Hospital, San Francisco, Cal. Illustrated. The C. V. Mosby Co., St. Louis, publishers.

Training schools for nurses have long felt the need of a text-book on the anatomy and physiology of the eye, ear, nose and throat, and also on the nursing of patients suffering from conditions involving these parts of the body.

This little work gives the essential requirements in the anatomy and physiology without going into unnecessary detail. The sections on nursing are particularly valuable. As a text-book for nurses it is to be highly recommended.

News Notes

ALBERTA

CALGARY

The Private Duty Section of the A.A.R.N. met in the Y.W.C.A. parlour on November 4th, with a good attendance.

Miss Barbour was called to her home, Balmoral, Man., on account of the illness of her mother.

Miss I. Lunn, of Seattle, is visiting friends in the city.

Miss K. Lunn, Reg.N. (Calgary General Hospital, 1924), left for her home in Stratford-on-Avon and will remain abroad indefinitely.

Mrs. A. Lander (Miss Greenwood, Holy Cross Hospital, Calgary, 1924), has returned from Toronto, where she had been called on account of the illness of her mother.

Much credit is due the convener and her committee for the delightful Hallowe'en dance given in Al. Azhar Temple. One hundred and twenty dollars were realized.

EDMONTON

The first regular meeting of the Alumnae Association of the Training School, Royal Alexandra Hospital, for 1925-1926 took place in the Nurse's Home on November 2nd. Thirty graduates of the school were present. After the election of officers a social hour was enjoyed by all.

The Nurses' Home was alive with merriment on the night of October 31st, when the student nurses together with the staff nurses took part in a Hallowe'en party. The decorations were artistically carried out in black and gold. The costumes displayed much talent and originality. The prize winners were:—The most comical: Coons, Miss Stewart and Miss Stoness, of High River. The most original: Tramp, Miss Ward. The most beautiful: Powder puff, Miss Rothwell.

BRITISH COLUMBIA

NEW WESTMINSTER

Miss Walton (Royal Alexandra Hospital, Edmonton), has resigned her position as night supervisor of the Maternity Department at the Royal Columbian Hospital. On her retirement she was presented with a Limoges tea set by the staff nurses in testimony of the esteem in which she is held.

Miss Eastman (Royal Columbian Hospital, 1924), has accepted a position in the Chilliwack Hospital, Chilliwack.

VANCOUVER

Vancouver General Hospital

Miss Hetty Baynes, 1909, after spending the summer at Douglas Lodge, Stewart Lake, B.C., has returned to spend the winter in Vancouver.

Miss Bessie McPherson, 1925, has accepted a position on the staff of the V.G.H., Vancouver.

Miss Cora Threwethy, 1922, has resigned from the maternity staff of the V.G.H. and has left for New York. She will accompany friends to Florida to spend the winter.

Miss Leila McInnes, 1923, has resigned from the staff of the O.R., V.G.H., and has left to spend the winter in San Francisco, California.

Miss Marjorie Carpenter, 1923, accompanied by her mother and sister (Miss Carpenter, R.N., Royal Victoria Hospital, Montreal), has left to spend the winter in Honolulu.

Miss Margaret Davis has returned to Vancouver after a prolonged visit in Eastern Canada and the States.

Mr. and Mrs. William Manson (nee Beatrice Brouse, 1922), spent their honeymoon in San Francisco.

The following nurses have left Vancouver for the winter: Mrs. Ethel Walsh, 1917, Misses Peggy Murray, 1915, Florence Senay and Dorothy Coughlin, 1923, for California; Ruby Rogers and E. Lynn, 1920, for New Mexico; Grace Cowan and Anne Watson, 1923, for Florida.

VICTORIA

The regular monthly meeting of the Graduate Nurses' Association was held at the nurses' residence, Jubilee Hospital, recently. A large and enthusiastic gathering was delighted with the interesting lecture given by Ven. Archdeacon Laycock on The Cathedrals of England. A complete series of lantern slides illustrated the beauties of Westminster Abbey, St. Paul's Cathedral and many others. Great interest was shown in the slide portraying the proposed cathedral to be built in the city in the near future.

The many friends of Mrs. J. A. Stewart will be grieved to hear of her death, which occurred recently after an illness extending throughout the past two years. Mrs. Stewart was formerly Irene Mable Douglas, of the Brockville General Hospital, Brockville, Ont. Shortly after graduating she went overseas, during the war, and in 1916 married Dr. J. A. Stewart. Since 1919 Dr. and Mrs. Stewart have made their home in Victoria.

NEW BRUNSWICK

The ninth annual meeting of the New Brunswick Association of Registered Nurses was held in the Town Hall, Campbellton, September 15th-17th. Twenty-six nurses registered for attendance. Routine business was transacted. Miss

Margaret Murdock, R.N., president, gave an interesting account of the International Nurses' Congress held at Helsingfors, Finland. Guests at the Convention were Miss Barrington, Provincial Organizer of the Dominion Red Cross Home Nursing Classes, who gave a descriptive talk along this line, and urged the co-operation of the graduate nurses; and Miss Anna K. McGibbon, R.N., of Butler Hospital, Rhode Island, who read a paper on "The Place of Mental Nursing in the Curriculum of the Training School." During the Convention Miss Bliss, R.N. (Superintendent of the Soldiers' Memorial Hospital of Campbellton) and members of the Alumnae delightfully entertained the visiting nurses at luncheon at the Linmac, and at a most enjoyable picnic in the beautiful Metapedia Valley.

Miss Allie L. Burns, R.N., of Saint John, who during the past year took the Public Health Course at McGill University, is spending a holiday in Moncton.

The Miramichi Hospital nurses, Newcastle, enjoyably entertained at a masquerade dance on Hallowe'en.

Miss Gladys Jamieson, R.N., of Moncton, has gone to Florida, where she will practice her profession during the winter months.

NOVA SCOTIA

The graduating exercises of the Nova Scotia Hospital, Dartmouth, were held on Thursday, November 5th. Three nurses were granted diplomas, the presentations being made by the Hon. G. S. Harrington, Minister of Works and Mines, to Miss Ruby Gertrude Kempt, Miss Louise Emma Cwicker, and Miss Mable Catherine Cameron. Miss Cameron was awarded the prize for the best examination in medical nursing and also the prize for the best examination in practical nursing. Miss Kempt won the prize for the best examination in surgical nursing. Dr. Burris gave a practical address, referring to the history of nursing, which he traced from pre-Christian days to the present time. Following the addresses the nurses entertained three hundred guests at an enjoyable dance.

Miss Hilda MacDonald, Reg.N., Public Health Nursing, University of Toronto, 1924, of Glendyer, N.S., who for the past four years has been on the staff of the health department of the Province of Saskatchewan, has accepted the position of health nurse in connection with the Normal College, Truro.

Two sections of the Home Nursing class conducted by the Nova Scotia Technical College have started work in the Dalhousie Public Health Clinic. The Nova Scotia Tramways and Power Company have placed their splendidly equipped model kitchen at the disposal of the Home Nursing classes, under the direction of Miss Anna L. Russell, graduate of McDonald College in household science, who will demonstrate invalid and sick room cooking, and give lectures on nutrition. Miss M. F. Campbell, Reg.N. (Supt., Victorian Order of Nurses, Halifax), and Miss Marjorie Trefry, of the Massachusetts-Halifax Health Commission, are the nursing instructresses.

The annual meeting of the Nova Scotia Graduate Nurses' Association was held in Halifax on November 24th. At the close of sessions, dinner was served at the Green Lantern, followed by a theatre party.

ONTARIO

BRANTFORD

Mrs. Skrinshire, who has been supervisor of the Brantford Branch of the Victorian Order of Nurses, has been transferred to Toronto, Ont. Her many friends in Brantford wish her continued success in Toronto. Miss B. W. McRoberts, formerly of Smith Falls, Ont., has been appointed supervisor, and commenced her duties on November 1st. Miss McRoberts is a graduate of Victoria Hospital, London, Ont., and also of the University of Toronto, 1922, in Public Health Nursing.

FORT WILLIAM AND PORT ARTHUR

The regular monthly meeting of the Thunder Bay Graduate Nurses' Association was held in the Nurses' Home of the Port Arthur Railway, Marine and General Hospital, on Thursday, November 5th, with an extremely satisfactory attendance of twenty-six members. After the usual business session, a most enjoyable social hour was spent, during which Miss Vera Graham, Reg.N., of the King George Hospital staff, Winnipeg, read a most interesting paper describing her recent visit "over-seas," which was beautifully illustrated by some splendid photographs. Mrs. Barker contributed some delightful songs in a rich contralto voice of exquisite tenderness, to the accompaniment of Miss Simpson on the pianoforte. A contest on "Our Anatomy," prepared by the president, Miss McDougall, was entered into with great vigor and caused excruciating amusement. The first prize was awarded to Miss Oliver and the consolation prize to Miss Reeder. The usual delicious lunch, for which the Port Arthur nurses are famous, was delightfully served at the conclusion of the meeting.

At the medical staff meeting of the McKellar General Hospital, Fort William, held on Tuesday, November 10th, the Obstetrical Medal for the graduating class of 1925 was awarded to Miss Margorie Reid.

Miss Fortune, R.N., has accepted a position in the Morgan Park Hospital, Duluth, Minn.

HAMILTON

Hamilton General Hospital

Miss Edith Menzies has accepted a position on the supervising staff of H.G.H., and Miss Tilling has joined the O.R. staff.

Miss Wilma Horn is in charge of the annex for convalescent scarlet fever patients.

Miss Maud MacFarlane has accepted a position at Mount Hamilton Hospital.

On Friday, October 13th, the Alumnae Association held a very successful Hallowe'en party.

On Tuesday, November 10th, Dr. Mowbray, gave a very interesting talk on Ductless Glands to the Alumnae.

The Misses Marian Harvie and Muriel Carter left on November 1st for the Albany Hospital, Albany, N.Y.

ST. CATHARINES

At the October meeting of the Alumnae Association, Mack Training School, Miss Margaret Kelman, of the St. Elizabeth Visiting Nurses, Toronto, addressed the association. Miss Kelman had attended the Congress of the International Council of Nurses held in July at Helsingfors, Finland, and gave the members of the association an interesting and vivid report of the Congress.

The marriage of Miss Alberta Dietrick (Mack Training School, 1919), took place recently at Bennington, Vermont.

TORONTO

Hospital for Sick Children

Miss Franks, who resigned as assistant superintendent of the Hospital for Sick Children owing to ill-health, has been succeeded by Miss Austin, with Miss Gene Clarke as second assistant.

Miss Kerr, 1924, has resigned as nurse in charge of the Infant Ward and is now in charge of the Heart Clinic, in the Out-Patient Department. Miss Jean Griffin, 1924, has taken Miss Kerr's place on the Infant Ward, and Miss Linden and Miss Lewis, 1925, are assistants.

Miss Spanner, 1913, is in charge of the Training School at the Children's Memorial Hospital, Chicago. Miss Lorraine Morrison is assistant to Miss Spanner.

Miss Barbara Spence, 1924, has been appointed second assistant in the Obstetrical Department at the Ottawa Civic Hospital.

Miss Bullock, 1923, has resigned her position as chart nurse in the Infant Ward to enter the Public Health Course. Miss McDougal, 1923, is taking her place.

Miss Carson and Miss Beaton, 1923, are now in charge of the Baby Surgical and the Girls' Surgical, respectively.

Miss Newberry and Miss Calhoun, 1925, recent winners of scholarships, left on October 7th to enter the School for Graduate Nurses, McGill University.

Miss Shuttleworth, 1924, is assistant superintendent at the Orangeville Hospital.

Miss Jenkin and Miss Cameron, 1924, graduates of the School for Graduate Nurses, McGill University, are now instructors of probationers at the hospital.

Miss Fitzgerald, formerly instructor of probationers, resigned her position in September.

Toronto General Hospital

The first social evening of the Toronto General Hospital Alumnae Association was held on Wednesday evening, November 4th, in the Nurses' Residence. In the course of an address, which contributed greatly to the success of the evening, Miss Gunn gave a most comprehensive idea as to nursing conditions in Europe. The members were very pleased to have Miss Snively present, and at the close of Miss Gunn's address she moved a very hearty vote of thanks to Miss Gunn. It was a matter of regret to the Alumnae that owing to her recent illness Miss Snively was unable to enjoy her annual birthday party this year, but the occasion was marked by the sending of a small gift from the Alumnae.

Miss Vivian Lane is with her aunt in Owen Sound and is rapidly recovering her health.

Miss Georgie Clapperton has returned to New York to continue nursing at the Rockefeller Hospital.

Miss Rosabel Coutts, Miss Lucy Morin, and Miss Constance Campbell, 1918, sailed from New York on November 4th for Paris, where they will remain for an indefinite period doing nursing work.

Miss Sophie Holmes, 1923, who has been nursing in New York, and who has spent some time in a Red Cross Outpost in Ontario, has returned to Toronto, where she will continue her work.

Thirty-one members of the class of 1916 were able to attend a class reunion in Toronto recently.

The following changes have been made recently on the staff: Miss Margaret Pelton has resigned as night supervisor of the Emergency Department and has been succeeded by Miss Delight Hilliard, 1925; Miss Constance Fisher has been appointed assistant instructress and supervisor of preliminary students. Miss Ruth Young, 1924, has been appointed head nurse in "C" operating room, and Miss Ella Addison, 1924, head nurse of Ward "H."

QUEBEC

MONTREAL

Montreal General Hospital

Miss Bernice Willett, 1918, is engaged in private duty nursing in New York.

Miss Nina Brown, 1918, has accepted a position in the Hospital of the Good Samaritan, Los Angeles, Calif.

Miss Eva Sproule, 1920, is now engaged on the staff of the Ford Hospital, Detroit.

Miss Irene McQuade, 1925, has been engaged recently for duty in St. Agathe Sanatorium, St. Agathe, P.Q.

Miss Kathleen Knight, who has been in the X-Ray Department of the Montreal General Hospital, for the past three years, is now doing private duty nursing in Montreal.

Some of our members resident at the Montreal Graduate Nurses' Club were among those who entertained at a very successful Hallowe'en party at the club.

Miscellaneous showers were given for Miss Catherine Livingstone, 1917, and Miss Audrey Sampson, 1919, by their classmates prior to their marriages in October.

Miss Isabel Symonds, 1919, has accepted a position in the Dental Department of the Montreal General Hospital.

Mrs. Harris Todd (Marion Cole, M.G.H.) and family, who have been residing in Louisville, Ky., for some time, have gone to live in Columbus, Ohio.

Mr. and Mrs. Hubert McCulloch (nee Gladys Margaret Russell, 1923) are spending their honeymoon in Bermuda.

Royal Victoria Hospital

Miss Margaret MacCallum, 1921, has been appointed Public Health nurse for Pictou Island, N.B.

Miss Constance Brewster, 1924, a graduate of the School for Graduate Nurses, McGill University, is now instructor at the Hamilton General Hospital.

Miss Ethel Lingley, 1924, is resident nurse at Miss Beard's School, Orange, N.J.

Miss Alice Bruce, 1918, will leave for Trail, B.C., in December to take charge of the hospital there.

Miss Ethel Sharpe and Miss Mary Pickard attended the annual meeting of the Nursing Organizations of New York State, which was held October 27th to 29th, in Albany.

Recently Mrs. Duncan McIntyre, Peel Street, Montreal, entertained at an "at home" in honour of Miss Lillian C. Phillips, superintendent of the Montreal Foundling and Baby Hospital for the past twenty-five years. Among those invited were the superintendents of the hospitals, physicians and members of committees. Miss Phillips was presented with a bond and a handsome purse, the presentation being made by Miss Grace Robertson, who paid a warm tribute to Miss Phillips, who, in her twenty-five years' connection with the hospital had greatly advanced its efficiency. Miss Phillips is president of the Graduate Nurses' Association of Montreal, and for some years has been recording secretary and treasurer of the Association of Registered Nurses of the Province of Quebec.

Jeffery Hale's Hospital

The Alumnae Association's annual social event in honour of the graduating class was in the form of a banquet held on November 3rd at the Chateau Frontenac. This reunion was attended by a large number of the members of the association as well as the guests of honour: the graduating class, 1925. The tables were beautifully decorated and were presided over by Miss Mary Shaw, who proposed the toast to the King. "Our Alma Mater" was the toast proposed by Miss M. G. Fischer. Other toasts were: "Our Guests," by Mrs. Douglas Jackson, responded to by Miss C. Bignell. "The First Graduating Class," by Miss Ascah, and replied to by Miss F. M. Imrie. "Our Absent Friends," by Miss M. Lunam, replied to by Mrs. A. Matheson; and 'The Married Graduates," which was proposed by Miss Lenfesty and responded to by Mrs. L. Teakle. A number of members from a distance sent telegrams of best wishes and congratulations to the class, 1925.

Miss C. E. Armour, who was the delegate from the association to the Congress of the International Council of Nurses, 1925, gave an interesting talk on the Congress and her trip abroad. Miss Armour stated that the visiting delegates to the Congress were deeply impressed with the hospitality accorded them by the people of Finland. Also, that all sessions of the Congress were most interesting and instructive.

Out-of-town delegates who attended the banquet were: Misses McHarg and Partington (J.H.H.), from Three Rivers, P.Q.

The singing of "Auld Lang Syne" brought a delightful evening to a close.

Members of the Graduating Class, 1925, are: Misses Eunice McHarg, Carrol Cass, Ethel Hogan, Gladys Campbell, Ada Ascah, Constance Bignell, Frances Simms, and Mabel West.

Miss E. Matheson, 1921, has been appointed nurse in charge of the Communicable Wards. Miss Matheson recently completed a special course at Weston, Ont., and at the Alexandra Hospital, Montreal.

Miss Nellie McKie, 1923, is night supervisor at the University Hospital, Edmonton, Alta.

Miss F. Hillier, 1923, has accepted a position at the Shawinighan Hospital, Shawinighan Falls.

Miss Edith Glass, 1917, has returned to St. Bartholomew's Hospital, New York, after visiting her parents in Quebec City. While at home Miss Glass was ill in the hospital, and her friends will be glad to

hear that she is quite well again.

The good wishes and congratulations of the Association are extended to Miss Riddle, who has recovered after a very serious operation.

SASKATCHEWAN

PRINCE ALBERT

The graduation exercises of the Class, 1925, of Victoria Hospital, were held on October 9th, when the largest class in the history of the school received their medals and diplomas. Addresses were delivered by Major S. J. A. Branion, Dr. S. B. MacMillan, and Mr. B. L. Clemons, chairman of the Hospital Board. The Hippocratic Oath and a message of advice to the class were given by Canon Strong. The programme was interspersed with several musical numbers and a jolly dance followed at the close of the exercises. The graduates are: Misses Jean Moffatt, Kate Hunt, Eva Cooke, Almeda Pickell, Laura Lovell, Eva Jordan, Dorothy Mansell, and Margery Hicks. The following prizes were given: For general proficiency throughout the course, first, a medal, to Miss A. Pickell; second, an Encyclopedia of Nursing, to Miss Eva Cooke; for general proficiency in final year, one uniform, donated by Corbett-Cowley, Limited, to Miss A. Pickell. Miss Bethyl Bowerman was awarded the prize presented to the Intermediate Class, and Miss Effie Reid received that presented to the Junior Class. All members of the graduating class have passed successfully the provincial examination for the registration of nurses.

A very successful dance was given by the members of the Saskatoon Graduate Nurses' Association on October 29th in the Art Academy. Among the guests were Sir Arthur and Lady Currie, and Miss Currie, of Montreal. The arrangements were ably carried out by Mrs. Calder and Miss Stoker. The proceeds amounted to $120.00.

At the close of the regular business meeting of the S.G.N.A., November 3rd, the Rev. R. Lorne MacTavish gave a most interesting illustrated talk on his trip to the Old Country.

A bazaar under the auspices of the S.G.N.A. was held in the Ross Block on November 7th. The proceeds, which amounted to $250.00, are to be given to the Babies' Home and the Anti-Tuberculosis Fund.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BABISTER—On October 13th, at 437 Vickers Street South, Fort William, Ont., to Mr. and Mrs. H. W. Babister (Clara Ross, McKellar General Hospital, Fort William, 1919), a daughter (Shirley Edna).

BEATON—On September 7th, at Oshawa General Hospital, to Mr. and Mrs. John H. Beaton (Madeline Rogerson, Wellesley Hospital, Toronto, 1918), a son.

BELL—On August 23rd, in Cobourg General Hospital, to Mr. and Mrs. A. F. Bell (Jean Hoskin, Wellesley Hospital, Toronto, 1916), a son (Gordon Cameron).

COOK—On October 22nd, at Port Arthur, Ont., to Mr. and Mrs. H. Cook (Mabel Jones, Winnipeg General Hospital, 1918), a son.

CRAIG—On August 20th, to Mr. and Mrs. Craig (Marjorie Woodley, Jeffery Hale's Hospital, Quebec, 1914), a son.

EWART—In September, 1925, at Golden, B.C., to Dr. and Mrs. Ewart (Anna Beattie, Vancouver General Hospital, 1919), a son.

JANES—On October 20th, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. Robert Janes (Lillian Kelly, Toronto General Hospital, 1921), a daughter.

JOHNSON—In October, 1925, at the Vancouver General Hospital, to Mr. and Mrs. A. H. Johnson (Mildred Chester, Vancouver General Hospital, 1920), a son (Chester).

OWEN—On October 23rd, at the Royal Alexandra Hospital, Edmonton, to Mr. and Mrs. W. Lewis Owen (Maud Lawrie, Royal Alexandra Hospital, 1920), a son.

SCOTT—In September, 1925, at Los Angeles, California, to Mr. and Mrs. H. P. Scott (Lila Ketcheson, Vancouver General Hospital, 1920), a daughter.

WADMAN—In August, 1925, at Moncton Hospital Annex, to Mr. and Mrs. L. D. Wadman (Hazel Morrison, Moncton Hospital, 1919), a son.

WHITE—On November 2nd, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. White (Irene Conlin, Toronto General Hospital, 1919), a son.

MARRIAGES

ANGELL—MOWATT—In October, 1925, at St. Paul's Anglican Church, Vancouver, Dorothy Mowatt (Vancouver General Hospital, 1924) to Albert Angell. Mr. and Mrs. Angell will reside in Vancouver, B.C.

BARNES—CAMERON—On October 28th, at Montreal, Janet C. Cameron (Royal Victoria Hospital, Montreal, 1915) to the Rev. W. B. Barnes. At Home, Blenheim, Ont.

BONNELL—RIGG—In September, 1925, at Port Limon, Costa Rica, Myrtle Rigg (Toronto General Hospital, 1923) to Richard Bonnell.

CALDER—SAMPSON—On October 31st, 1925, by the Rev. J. Adams Montgomery,

Audrey Bertha Maude (Montreal General Hospital, 1919), daughter of Mr. Frederick Sampson, of Sherbrooke, P.Q., to Dr. John Rodger Calder, son of Mr. and Mrs. G. F. Calder, Lachute, P.Q.

CHINNECK—MACRAE—On October 3rd, at St. John's United Church, Vancouver, Ellen M. MacRae (Royal Alexandra Hospital, Edmonton, 1912) to Chester Glenn Chinneck, of Edmonton.

DAVIDSON—ARMSTRONG—On October 20th, at St. John, N.B., Annie Thomson Armstrong (Royal Victoria Hospital, Montreal, 1923) to Dr. Victor David Davidson.

FOX—JOHNSON—On November 7th, at St. Anne's Church, Toronto, Fern Johnson (Wellesley Hospital, Toronto, 1924) to Alexander Fox, of Brussels, Ont. Mr. and Mrs. Fox will reside in Toronto.

GOODRIDGE—HAYWARD — On October 3rd, at St. John's, Newfoundland, Freda Dorothy Hayward (Royal Victoria Hospital, Montreal, 1919) to William Prout Goodridge.

HANNA—BOYCE—On September 5th, at the church of St. Alban the Martyr, Ottawa, Victoria Muriel Boyce (Toronto General Hospital, 1922) to Frederic James (Eric) Hanna, of Toronto.

HAWKINS—REID—On August 31st, at Montreal, Jessie Reid (Royal Victoria Hospital, Montreal, 1924) to Willis Hawkins. At Home, Vancouver, B.C.

HAWLEY—YOUNGS—In October, 1925, at Birmingham, Alabama, Mary Gladys Youngs (Toronto General Hospital, 1923) to Mr. Hawley, of Birmingham.

HORTON—LIVINGSTONE—On October 31st, 1925, at Halifax, N.S., Katherine Livingstone (Montreal General Hospital, 1917) to Kenneth Horton. Mr. and Mrs. Horton will reside at Yarmouth, N.S.

INGRAHAM—LEWIS — On September 30th, at Louisburg, Cape Breton, Frances Jane Lewis (Jeffery Hale's Hospital, Quebec, 1918) to David Roy Ingraham.

KNOWLES—PEARSE — On September 5th, at Galt, Ont., Florence Pearse (Wellesley Hospital, Toronto, 1921) to Harvey Knowles, of Detroit, Mich.

MANSON—BROUSE—On October 16th, at the home of Mrs. Bowen, Vancouver, Beatrice Brouse (Vancouver General Hospital, 1922) to William Manson. Mr. and Mrs. Manson will reside at Milton Court, Vancouver, B.C.

MARR—MILLER—On October 14th, at St. Andrew's Church, Langley Prairie, B.C., Audrey Stewart Leslie Miller (Royal Columbian Hospital, New Westminster) to Alfred Ray Marr. Mr. and Mrs. Marr will reside at "The Knoll," Langley Prairie, B.C.

MERRITT—SLEETH — On September 30th, Laura Sleeth (Jeffery Hale's Hospital, Quebec, 1922) to James C. Merritt.

MILLER—VALPY—On September 30th, at St. Paul's Church, Gaspé, P.Q., Iva Dumoresq Valpy (Royal Victoria Hospital, Montreal, 1924) to Alfred Charles Miller, of Lachute, P.Q.

McCULLOCH—RUSSELL — On October 22nd, 1925, by the Rev. Dr. R. W. Dickie, at the home of the bride's sister, Mrs. W. L. A. Brodie, Notre Dame de Grace Avenue, Montreal, Gladys Margaret Russell (Montreal General Hospital, 1923), daughter of Mr. and Mrs. Henry Russell, of Montreal, to Hubert McCulloch, son of Mr. and Mrs. J. L. McCulloch, of Westmount.

McDONALD—SMITH—On October 24th, at Toronto, Kathleen Smith (Toronto General Hospital, 1922) to Dr. Robert McDonald. Dr. and Mrs. McDonald will reside at Cleveland, Ohio.

MACKAY—MACDONALD — On October 31st, at Regina, Sask., Margaret Adele Macdonald (Royal Alexandra Hospital, Edmonton, 1922), to Dr. William Angus MacKay, of Edmonton.

McMAHON—SHAW—Recently, at Calumet, P.Q., Elizabeth Shaw (Royal Victoria Hospital, Montreal, 1924) to Thomas McMahon.

NORSWORTHY—GOLDIE — On October 24th, 1925, Marjorie Wilson Goldie (Montreal General Hospital, 1920) to John W. Norsworthy, of Montreal.

OGLE—McCONNELL—On October 26th, at Rosedale Presbyterian Church, Toronto, Marguerite McConnell (Wellesley Hospital, Toronto, 1924) to Arthur Trueman Ogle, Bermuda. Mr. and Mrs. Ogle will reside in Toronto.

STRACHAN—MILLER—On October 3rd, 1925, at Orillia, Ont., Jean Miller (Hospital for Sick Children, Toronto, 1919) to Dr. Grant Strachan. Dr. and Mrs. Strachan will reside in Toronto.

TITUS—MACDOUGALL—On October 7th, in Mayo, Yukon, Elizabeth MacDougall, R.R.C., R.N. (Medicine Hat General Hospital, 1913) to Lewis H. Titus. Mr. and Mrs. Titus will reside in Mayo.

WEST—STEWART—On October 31st, at Old St. Andrew's Church, Toronto, Kathleen Margaret Stewart (Toronto General Hospital, 1924) to Thomas Macdonald West, B.A.Sc., of Toronto.

DEATHS

REDMOND—On October 18th, at the Children's Memorial Hospital, Montreal, infant son of Mr. and Mrs. W. M. Redmond (Catherine Dulmadge, Montreal, General Hospital, 1920).

STEWART—Recently, in Portland, Ore., Mrs. J. A. Stewart (Irene Mable Douglas, Brockville General Hospital), wife of Dr. J. A. Stewart, Victoria, B.C.

THE CANADIAN NURSE

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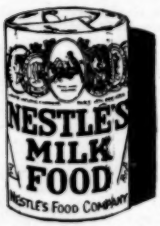

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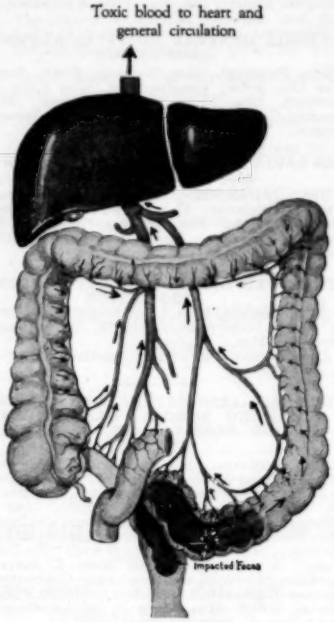

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Regular Meetings—Second Monday of each month at 8 p.m.

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Regular Meeting—First Thursday, at 8 p.m.

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Regular Meeting—Second Wednesday at 8 p.m.

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Representative to Private Duty Section—Miss Seguin, 534 Rivard St.

Representative to "The Canadian Nurse"—Miss E. L. Francis, Women's Hospital.

Regular Meeting—Third Wednesday, at 8 p.m.

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